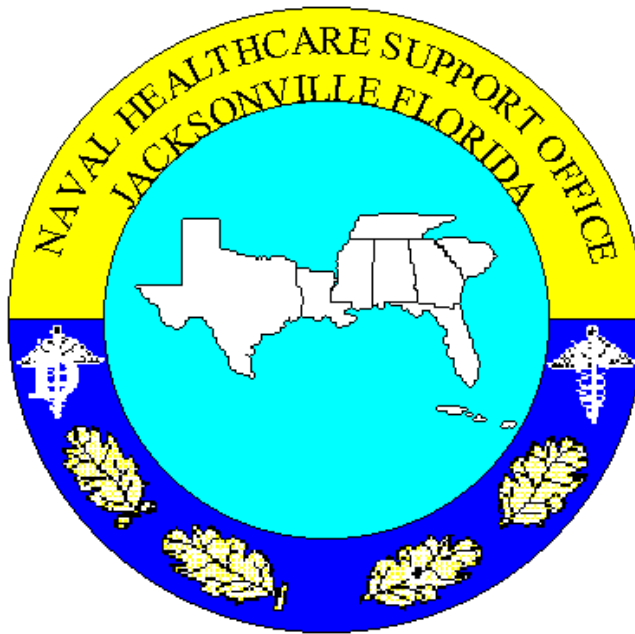


Command Self-Assessment Guide

An Aide to Assessing Command Efficiency and
Effectiveness



Prepared: July 1998

Welcome

Welcome to the Command Self-Assessment Guide prepared by the Naval Healthcare Support Office, Jacksonville. We invite and encourage your feedback on this tool. Our goal is to regularly enhance the usefulness of this guide. We need your help to do that.

The Officer in Charge wishes to acknowledge the extraordinary efforts of the Self-Assessment Guide Task Force. Their knowledge, zeal, and creativity made this document possible.

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How to Use This Guide

Advice for obtaining the maximum benefit from this guide.

We designed the guide as a tool for your continuous appraisal of the effectiveness and efficiency of your business and healthcare processes. It reflects a shift from a compliance and highly technical orientation to a focus on improvement activities, process efficiency, and outcomes. We intended to stimulate self-assessment and performance improvement at all organization levels and, in part, to assist you in preparing for Medical Inspector General (IG) reviews. To that end, we aligned components from common analysis techniques, the Sterling Quality Council, the Joint Commission on Accreditation of Healthcare Organizations (JCAHO), and the Medical IG team. Please take note of the following details.

- Chapter titles closely align with those elements identified by the IG team as critical to Navy Medicine's mission;
- Access to care, internal customer, management control, and command evaluation concerns were merged into other chapters;
- An *Environment of Care* chapter was added for structure and emphasis;
- Each chapter is divided into three sections based upon executive, leadership, program management, clinical care, and administrative roles;
- Questions are keyed to what we determined to be the most applicable Navy Medicine strategic goal, and reflect appropriate staff and team effort in all processes and programs;
- The questions were designed to promote thoughtful interpretation and thorough discussion between and within all levels of your organization. We hope that they produce responses that demonstrate everyone's understanding of and appreciation for how you do business. They emphasize processes and outcomes and how you measure, evaluate, report, and improve upon them;
- Please note that this guide is prepared in Microsoft Word and that it was created as a *Master Document* with *subdocuments*. That is, you can view and print the entire document at once, or you can view and print each chapter individually. Please refer to Microsoft Word "Help" for further information on handling and managing master and subdocuments.

We strongly recommend that you take the following steps to obtain optimal benefit from this guide.

1. Assign a Command Self-Assessment Coordinator or Committee. Appoint a Champion for each assessment level; i.e., executive leadership, management, and clinical care/support staffs.
2. Ensure that all users are familiar with Navy Medicine's goals and strategies as defined in a "Journey to Excellence-Meeting the Challenges of the Future." Ensure that they possess some understanding of the Medical IG review and Joint Commission survey processes.
3. Distribute appropriate sections of **each** chapter to **all** departments for review and response. **Please note:** Multi-disciplinary chapters foster thoughtful interpretation and thorough review of your organization as an interrelated system rather than as a single set of components. Questions within them are similarly asked of each level to determine the degree of integration of mission

essential programs and information. Ensure that all departments review all chapters. **Please do not section the guide for review by specialty areas.**

4. Aggregate scoring from all departments to determine function, program, and process performance at each level. (While we do not wish to over emphasize grades, we realize that scoring can provide a roadmap and that some facilities may desire an internal feedback and reporting mechanism. We included a sample rating scale and tally sheet in Appendix C that we feel can be used at all levels to assess a program, process, or chapter. Please feel free to tailor it to you organization and preferences.)
5. Encourage departments to use the results of reviews to: identify improvement opportunities; evaluate their communication methods and effectiveness; seek avenues to enhance interdisciplinary collaboration; plan training; determine alliance with command and Navy Medicine's strategic goals; and prepare for Medical IG and JCAHO surveys.
6. Aggregate scoring from each staff level to determine function, program, and process performance across the organization.
7. Encourage executive leadership to use the results of reviews a noted above, and also to: evaluate the effectiveness of strategic planning; establish priorities; evaluate leadership practices; and foster unity and understanding throughout your organization.
8. Although not specifically addressed, your self-assessment should reveal evidence of appropriate flowcharting, metrics or measures of effectiveness, and documentation that is helpful or required for most programs or processes. **Flowcharting key processes** will greatly enhance your assessments.

As you review and work through this guide, please keep in mind that it is not intended to be your sole source for inspection preparation nor your only reference to becoming a high performance organization. Rather, we hope that you use it with other tools to recognize organizational strengths and weaknesses, to gain a high level of staff involvement in and understanding of programs and functions, and to attain maximum operational efficiency, effectiveness, and success.

The results of your assessment will not necessarily be finite. We realize that you periodically re-evaluate your organization and that procedural and staff changes occur. We hope that this guide becomes a handy everyday reference. However, we realize, too, that you may need to evaluate elements not contained herein. **Please know that our staff is standing by ready to assist you!**

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Chapter 1: External Customer Service

A review of beneficiary access to and satisfaction with care and services.

Section A: Executive Steering Council Review

A-1: Strategic Goal I - Readiness (“Fit to Fight.”)

- How do we obtain input from the military community when planning and/or re-designing health care services supporting and impacting operational readiness?
- Describe actions taken to ensure active duty members’ timely access to the care needed to maintain medical and dental operational readiness.
- How do we publish and implement active duty convalescent leave, SIQ, and patient discharge and transfer policies? Describe the controls used to ensure that recommendations are within guidelines and that the potential for abuse is minimized.
- How do we know that the Medical Holding Company is administered, treated, and managed appropriately?
- How do we evaluate the effectiveness of our Overseas Screening and Exceptional Family Member (EFM) programs? Describe improvements resulting from monitoring these programs.

A-2: Strategic Goal II - People (“Our Most Important Resource.”)

- How do customer service and satisfaction initiatives affect staffing plans?
- How do we identify and reward outstanding customer service?
- Do we have a selection process and training plan for key customer service/advocacy positions? Can we demonstrate that we meet training goals and timelines?
- How do we involve Patient Contact Representatives/Advocates when planning and revising customer services and policies?

A-3: Strategic Goal V - Health Benefit (“A Uniform Benefit.”)

- How did we determine and modify our primary external customer service goals?
- How did/do we determine customer expectations? How do we know that we are meeting them?
- Describe the process for determining which health care services to implement, continue, or discontinue. What evidence do we have of community involvement in planning these services?
- What initiatives have we chartered to create a “customer first” environment and one that protects the worth, dignity, and privacy of each patient?

- What documentation do we have that indicates that our organization respects the six (6) basic patient needs identified by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO)?
- How do we know that our policies to inform patients of their rights throughout the continuum of care and to resolve ethical issues are effective?
- How do we evaluate our customers' degree of satisfaction with access to, availability, and delivery of care and services? What data do we use in this process? How do we use this information to plan and evaluate patient services and improve performance?
- Describe our patient appointment policies. How do we monitor patient waiting times?
- How do we ensure a uniform performance and delivery of care and services on all shifts?
- How do we know that we have effectively marketed the Military Healthcare and TRICARE Systems? How do our marketing efforts support Health Service Region (HSR) Lead Agent Office goals and the Managed Care Support Contractor (MCSC) marketing plan?
- What actions have we taken to ensure that persons with special needs can adequately access care and services? How do we monitor their effectiveness?
- Describe how the command business plan supports the HSR Lead Agents Health Care Plan.
- Describe how we developed TRICARE enrollment plans. How do we monitor them to ensure consistency with Navy Medicine's strategic goals?
- Describe our patient education program as it relates to TRICARE access to care options. How do we know that it's effective?
- How do we use Military Healthcare System (MHS) Medical Treatment Facility (MTF) Report Cards to monitor progress in the delivery of enhanced clinical benefits to TRICARE Prime enrollees?
- Describe our process for monitoring and evaluating contracted services.
- Demonstrate that adequate childcare facilities are available to beneficiaries.

Section B: Department Head, Supervisor, LCPO, LPO, and Program Manager Review

NOTE: The "◆" bullet denotes items for special consideration by Program Managers and/or committee members.

B-1: Strategic Goal I - Readiness ("Fit to Fight")

- What do we do to meet the military community's operational readiness needs? How often do we receive feedback on active duty operational readiness?
- Describe actions taken to ensure active duty members' timely access to the care needed to maintain medical and dental operational readiness.

- Do we feel confident that our active duty convalescent leave, sick-in-quarters (SIQ), discharge, and transfer programs are functioning effectively? Why?
- What impact do we have on the Overseas Screening and EFM Programs?
- How do we evaluate our effectiveness in meeting operational readiness needs?
- ◆ What controls are in place to ensure appropriate use of Medical Hold personnel? How do we ensure that Medical Hold personnel receive appropriate administrative and clinical monitoring? How do we monitor quality of life issues for Medical Hold personnel?
- ◆ Describe the Overseas Screening and Exceptional Family Member Programs. How do we publish program requirements, benefits, and procedures?

B-2: Strategic Goal II - People (“Our Most Important Resource”)

- How do we staff our departments to adequately meet customer service and satisfaction initiatives?
- How do we know that staff members are adequately informed about their roles in customer service? How do we identify and reward outstanding customer service?
- How do we ensure that key customer service/relations personnel are adequately prepared to assume and manage their responsibilities?
- How do we monitor the appropriateness of, and staff attendance at customer service training? How do we identify customer service training opportunities?
- How often do we interact with Patient Contact Representatives? How do we involve them in the planning or revising customer services?
- Do we have any staff with family members enrolled in the EFM Program?
- How do we plan to provide Navy and Bureau of Medicine and Surgery (BUMED)-directed staff customer service training? What percentage of the staff attended/completed such training?

B-3: Strategic Goal V - Health Benefit (“A Uniform Benefit.”)

- Who are our most common external customers? How did/do we determine their expectations? How does the Healthcare Consumer Council impact the care and services we provide?
- How do we assist in developing new health care services and determining which services to continue or discontinue?
- How do we ensure a “customer first” environment? How do we know that our staff protects the worth, dignity, and privacy of each patient?
- How do we assist patients in resolving denial of care issues? How have these issues improved access to care?
- Describe procedures for informing patients of their rights throughout the continuum of care and of procedures for resolving ethical issues?

- How do we evaluate and enhance customer satisfaction with our department's services? Describe a situation that illustrates how the use of customer satisfaction survey results and data improved access to care.
- How do we ensure timely and appropriate access to care? How do we manage patient dissatisfaction with access to and availability of care and services? What actions have we taken, and what plans have we devised to increase access to care? Can we demonstrate their effectiveness?
- Describe departmental patient appointment policies. How do we monitor and adjust patient waiting times?
- How do we ensure appropriate use of the Military Healthcare and TRICARE systems?
- Describe procedures for informing patients and families, as appropriate, of their rights to participate in care decisions and decisions to withhold resuscitative services, and to formulate advanced directives.
- How do we manage care and services for persons with special needs?
- How do we inform patients of TRICARE access to care options?
- Describe the referral process to the Managed Care Support Contractor (MCSC) TRICARE Network. How do we know that this process is effective and efficient?
- Do we view and apply the Contracting Officer's Representative (COR) MCSC Surveillance Plan Report?
- Describe the processes for managing referrals to and from other departments and services. How do we know that these processes are effective and efficient?
- Do we have a policy or protocol that describes when patients require a dental treatment plan and how to manage them?
- How do we monitor the appropriateness and quality of contracted services? Describe how the Medical Staff interfaces with contract providers to ensure continuity of care.
- How do we ensure timely access to, and constant availability of Family Advocacy and Victims Assistance Program treatment and referrals? Describe criteria for identifying possible victims of abuse or neglect. How do we verify that this criteria is applied correctly?
- How do we evaluate customer satisfaction with after-hours pharmacy services?
- Describe medical evacuation procedures.
- How do we know that patient records are accurate, complete, and secure?
- How do we identify staff members responsible for performing and supervising waived laboratory tests? How do we ensure that these persons are adequately prepared to perform the tests?
- Describe a situation that illustrates how the use of customer satisfaction survey results and data improved access to care.

- Describe Composite Health Care System (CHCS) enrollment/disenrollment processes for TRICARE Prime beneficiaries. How do we reconcile enrollment/disenrollment actions with MCSC databases?
- How do we order/procure patient medications not available through our facility?
- Describe the process in place to meet patients' nutritional needs throughout the continuum. How do we know that it is effective?
- ◆ When counseling patients and family members, do we consistently inform them about the financial implications, as appropriate, of their care choices?
- ◆ Describe patient and family education programs and activities. Demonstrate that such activity is interactive, interdisciplinary, coordinated across the organization, and effective.

Section C: Health Care Provider and Clinical Support Staff Review

C-1: Strategic Goal I - Readiness (“Fit to Fight.”)

- Describe how we work collaboratively with operational units' medical personnel to maintain fleet readiness.
- What have we done to bring health care to the deckplates?
- How do we manage active duty convalescent leave and SIQ recommendations? How do we manage active duty patient discharges and transfers?
- Describe Medical Holding Company assignment, monitoring, and transfer protocols. Describe treatment documentation requirements and procedures. Who is the Medical Holding Company responsible officer in charge?
- What role, if any, do we play in the Overseas Screening and EFM Programs? Describe program requirements and procedures.

C-2: Strategic Goal II - People (“Our Most Important Resource.”)

- How do customer service and satisfaction initiatives affect our daily staffing?
- How are we recognized and rewarded for outstanding customer service?
- How do we communicate our customer service and patient contact training needs?
- Have we attended/completed Navy and BUMED-directed customer service training? How did it affect our customer service capability?
- How are we involved in planning and revising of customer services?

C-3: Strategic Goal V - Health Benefit (“A Uniform Benefit.”)

- Who are our most common external customers? What is the Healthcare Consumer Council and how does it impact the care and services that we provide?

- What do we do to make patients want to choose us for their health care? How do we protect the worth, dignity, and privacy of each patient?
- How do we meet the six (6) basic patients needs identified by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO)?
- How do we inform patients of their rights throughout the continuum of care? How do we inform them of their rights and procedures for resolving ethical issues? How do we know that these processes are effective?
- Describe our role in patient and family education programs and activities. How do we determine the cultural aspects of learning, patients' barriers to learning, and willingness to learn? How do we ensure that educational programs are appropriate for patients' ages and developmental needs?
- How do we ensure timely and appropriate access to care? How do we manage patient dissatisfaction with access to and availability of care and services? How often do we see or hear about customer survey results?
- How do we interface with contract providers to ensure continuity of care?
- Describe our process for conducting multi-disciplinary patient assessments? Describe our process for obtaining patient information and statistics.
- Do we have a systematic means of conducting initial patient assessments and re-assessments? What multi-disciplinary processes do we have to determine and meet patients' continuing needs?
- Describe a typical referral to the MCSC TRICARE Network. How do we know that this process is effective and efficient?
- How do we manage patient referrals to and from other departments and services? How do we know that this process is effective and efficient?
- What is the timeframe for closure of consults and referrals? How do we know that we are meeting this timeframe?
- What information do we provide patients and/or family members upon admission about the care to be rendered?
- Describe how we inform patients and families, as appropriate, of their rights to participate in care decisions and decisions to withhold resuscitative services, and to formulate advanced directives.
- Describe patient appointment procedures. How do we monitor and adjust patient waiting times? Do we have a callback system for canceled, delayed, or missed appointments?
- How do we ensure appropriate use of the MHS?
- How do we manage care and services for persons with special needs?
- Describe Family Advocacy and Victims Assistance Program treatment and referral procedures. Describe criteria for identifying possible victims of abuse or neglect.
- How do we identify and prepare patients for medical evacuation?

- How do we ensure the accuracy, completeness, and confidentiality of patient records and patient-related electronic information?
- What waived laboratory tests are performed at our facility? Where are they performed? To what extent are such test results used in an individual's care?

Chapter 2: Leadership

A review of how leaders are prepared for their responsibilities, and how they plan, direct, integrate, and evaluate health care services.

Section A: Executive Steering Council Review

A-1: Strategic Goal II - People (“*Our Most Important Resource.*”)

- How do we empower and support command members? How do we obtain their enthusiastic involvement in command operations and decisions?
- How did we establish our priorities? Are they weighted priorities?
- How do we evaluate our effectiveness as leaders? How do we evaluate the leadership effectiveness of our managers?
- How do we assign Directors, Department Heads, and collateral duties? How do we publish these assignments?
- How do we monitor staff arrivals, departures, assignments, promotions, Projected Rotation Date (PRD) changes, separations, retirements, and other personnel actions?
- How do we ensure appropriate use of our human resources?
- List areas of potential improvement identified through the Efficiency Review (ER) process.
- How do we evaluate managers' performance concerning the Management Control Program (MCP) and their use and appraisal of management controls within their areas of responsibility?

A-2: Strategic Goal III - Technology (“*Maximize Mission Accomplishment.*”)

- How do we use information technology to facilitate data-driven decisions? What data systems are available to decision-makers?
- How do we use information technology to plan, manage, and evaluate clinical and administrative performance?
- How did we determine the number of Information Management/Information Technology (IM/IT) personnel to support our information gathering and analysis requirements?

A-3: Strategic Goal IV - Stewardship (“*Optimal Resource Management.*”)

- Describe how we evaluated and organized business operations to support the effective and efficient delivery of health care.

- Describe how command organization supports command goals and objectives and ensures completion of essential functions.
- Demonstrate how our organization conducts business in an ethical manner and avoids conflicts of interest.
- Describe the process for reviewing and updating directives and management plans. How do we know that they are readily available for staff use?
- What management information do we use to make budget determinations?
- Provide the analysis of actual budget execution data that is used to identify areas of projected improvements. Illustrate how we determine that improvements occur.
- Describe how we make resource decisions for patient care units. What tools do we use to ensure adequate resources in these areas?
- Describe the command's processes for obtaining, and its uses of comparative information and data to support overall performance improvement.
- What is our involvement in the Management Control and Command Evaluation Programs (MCP and CE)? What improvements have arisen from these programs?

A-4: Strategic Goal V – Health Benefit (“A Uniform Benefit.”)

- How do we ensure a uniform performance of patient services?
- How do we ensure that beneficiary services do not decline during personnel shortages due to operational contingencies or changes in staffing structure or mix?

Section B: Department Head, Supervisor, LCPO, LPO, and Program Manager Review

NOTE: The “◆” bullet denotes items for special consideration by Program Managers and/or committee members.

B-1: Strategic Goal II - People (“Our Most Important Resource.”)

- Do we feel empowered, supported, and involved in command operations and decisions? Describe a situation that illustrates our empowerment, leadership support, and personal involvement in decision-making processes.
- How do we determine and ensure that we have the right number of personnel with the right skills to meet our department's scope of services? Describe a situation that illustrates how we worked with leadership to obtain appropriate staffing.
- How does the Efficiency Review (ER) process affect staffing levels and work distribution?

- How do we evaluate our effectiveness as leaders and managers? How do we evaluate the leadership skills of our supervisors?
- How are Directors, Department Heads, and collateral duties assigned? How are these assignments published?
- What evidence do we have of collaborative leadership and activity among department heads and service directors?
- How do we monitor staff arrivals, departures, assignments, promotions, Projected Rotation Date (PRD) changes, separations, retirements, and other personnel actions?
- How do we ensure appropriate use of our human resources?
- Describe how we prepare others for advancement, promotion, and leadership positions.
- ◆ Describe ER policies and procedures. Have we met program training requirements? How do we maintain the command's ER? How often do we update it?

B-2: Strategic Goal III - Technology (“*Maximize Mission Accomplishment.*”)

- How do we use technology to facilitate data-driven decisions? What data systems are available to us?

B-3: Strategic Goal IV - Stewardship (“*Optimal Resource Management.*”)

- Describe how we evaluated and organized department operations to support the effective and efficient delivery of health care.
- Describe how department organization supports command goals and objectives and ensures completion of essential functions.
- Describe the process for determining patient care unit resource requirements. What tools do we use to ensure adequate resources in these areas?
- How do we ensure that Standard Operating Procedures (SOP) Manuals are available and updated as changes occur?
- Have we received adequate training to fulfill MCP responsibilities? Provide an example of our use and appraisal of a management control within our area of responsibility. What improvements have arisen from management control reviews?
- ◆ Describe the command's MCP. How, and who developed the inventory of assessable units? How do we monitor completion of management control reviews (MCRs)? How do we track deficiencies, material weaknesses, and corrective actions?
- ◆ Describe the CE program. How did we develop the CE Plan? How do we communicate program requirements and procedures? How do we ensure completion of follow-up actions?

B-4: Strategic Goal V - Health Benefit (“A Uniform Benefit.”)

- Define our scope of services. How do we offer recommendations to alter and/or improve those services? How do we obtain input from the medical and clinical support staffs?
- How do we ensure a uniform performance of care and services on all shifts?

Section C: Healthcare Provider and Clinical Support Staff Review

C-1: Strategic Goal II - People (“Our Most Important Resource.”)

- Do we feel empowered, supported, and involved in department and command operations and decisions? Describe a situation that illustrates our empowerment, leadership support, and personal involvement in decision-making processes.
- How do we provide input for department staffing decisions?
- How do we request and receive collateral duty assignments?
- How are we informed of staff arrivals, departures, assignments, promotions, Projected Rotation Date (PRD) changes, separations, retirements, and other pertinent personnel actions?
- How do we ensure appropriate use of our human resources?
- What opportunities do we have to prepare for advancement, promotion, and leadership positions?

C-2: Strategic Goal III - Technology (“Maximize Mission Accomplishment.”)

- How do we determine and plan for medical technology purchases?

C-3: Strategic Goal IV - Stewardship (“Optimal Resource Management.”)

- How do we enhance our department’s effectiveness and efficiency?
- How do we ensure completion of essential department functions?
- How often do we review and update Standard Operating Procedures (SOP) manuals?

C-4: Strategic Goal V - Health Benefit (“A Uniform Benefit.”)

- Define our scope of services. How do we offer recommendations to alter and/or improve those services?
- What is our role in maintaining a uniform performance of care and services on all shifts?

Chapter 3: Strategic Plan & PI/TQL Process

A review of strategic planning, performance improvement, and total quality processes and activities.

Section A: Executive Steering Council Review

A-1: Strategic Goal I - Readiness (“Fit to Fight.”)

- How do we evaluate our progress in meeting Navy Medicine’s strategic goals for readiness?

A-2: Strategic Goal II - People (“Our Most Important Resource.”)

- How do we ensure that all staff levels receive timely and appropriate Total Quality Leadership (TQL) and performance improvement training?
- How do we know that we have effectively communicated Navy Medicine’s and our mission and strategic goals?
- Describe our approach to systematically improving command performance.
- What mechanisms do we have to promote a continuous improvement philosophy at all levels? How do we know that they are effective?
- How do personnel submit beneficial suggestions and ideas for performance and process improvements? How do we reply to their suggestions?
- How do we apply results from performance improvement activities to clinical appointment decisions?
- How do we know that our TQL and Performance Improvement (PI) Coordinators are qualified and competent?
- How do we determine the membership of our quality teams or task forces? What have we learned by evaluating these teams’ accomplishments?
- How do we evaluate our progress in meeting Navy Medicine’s strategic goals for people?
- How did we determine our goals and strategies for our “people” programs? What progress have we made in achieving those goals?
- Describe how contractor personnel participate in our TQL/PI program.

- How do we integrate Efficiency Review (ER) requirements and strategic goals?

A-3: Strategic Goal III - Technology (“*Maximize Mission Accomplishment.*”)

- How does our Information Management (IM) Plan support our mission and vision? What aspects of the IM function do we measure, assess, and as appropriate, improve?
- What data systems do we have onboard? What data do we collect, and how do we apply it to the TQL/PI process? How do we know that data is timely and accurate?
- Describe the various information systems used to evaluate best business practices.

A-4: Strategic Goal IV - Stewardship (“*Optimal Resource Management.*”)

- How do we determine organizational needs?
- Show a business plan that integrates the budget and command goals. Describe how the business plan supports clinical services and fosters continued improvement in operational performance.
- How does our written PI Plan align with our strategic plan? How does our strategic plan align with Navy Medicine’s strategic goals?
- Show the analysis of key measures that demonstrate results from TQL and performance improvement efforts. How do you ensure timely and accurate data for these analyses?
- Describe our approach to systematic performance improvement. How do we prioritize measurement of functions, processes, and outcomes?
- What lessons were learned from evaluating performance improvement activities?
- What have we done to facilitate continuous improvement activities on all levels?
- Describe the process used to benchmark best business practices. How do we use best business practice information to improve fiscal and clinical outcomes?
- What key measures do we use to assess the command’s overall operational and financial performance? List the financial, manpower, and workload metrics used to aid in this assessment.

A-5: Strategic Goal V - Health Benefit (“*A Uniform Benefit.*”)

- What systems and data do we use to evaluate our overall performance as a medical treatment facility? How did we determine the information needed to assess patient care? How do we assess the accuracy of this information?
- Describe how health care, business, and operational performance data is analyzed to support organization-level review, action, and planning?
- How did we determine our goals for health benefit programs? What progress have we made in meeting Navy Medicine’s health benefit goals?
- Describe how our Performance Improvement Plan aligns with our strategic plan.

- Describe our medication, blood usage, and operative and invasive procedures review policies. Demonstrate improvements and/or cost reductions resulting from these reviews.
- How do we apply results of customer surveys to our strategic planning process?
- How do we determine the quality of services provided by contractors and/or networks to which we refer our patients?
- How do we use best business practice information to improve clinical outcomes?
- How do we apply information from performance improvement monitors to reduce the cost of care and services?

Section B: Department Head, Supervisor, LCPO, LPO, and Program Manager Review

NOTE: The "◆" bullet denotes items for special consideration by Program Managers and/or committee members.

B-1: Strategic Goal I - Readiness ("Fit to Fight.")

- How do we know that our staff is familiar with and supports the command's strategic plan? How do we align department goals with the command's strategic plan?
- How do we evaluate our progress in meeting the command's strategic goals for readiness?
- How did we determine our department's strategic goals? What metrics do we use to evaluate our success in attaining those goals?

B-2: Strategic Goal II - People ("Our Most Important Resource.")

- How do we ensure that our staff receives timely and appropriate TQL and performance improvement training?
- How do we know that our staff is familiar with Navy Medicine's and the command's mission and strategic goals?
- How do we maintain a continuous improvement philosophy? How do we know that we are effective?
- How is the medical staff involved in performance improvement activities? How are results from performance improvement activities used to make clinical appointment decisions?
- How do personnel submit beneficial suggestions and ideas for performance and process improvements? How do we ensure replies to their suggestions?
- How do we evaluate our progress in meeting the command's strategic goals for people?

B-3: Strategic Goal III - Technology (“*Maximize Mission Accomplishment.*”)

- How does the command’s IM Plan support department operations, goals, and plans?
- What data systems do we have onboard? What data do we collect, and how do we apply it to the TQL/PI process?
- ◆ What aspects of the IM function do we measure, assess, and as appropriate, improve?

B-4: Strategic Goal IV - Stewardship (“*Optimal Resource Management.*”)

- Describe our approach to systematic planning, designing, measuring, assessing and improving performance.

B-5: Strategic Goal V - Health Benefit (“*A Uniform Benefit.*”)

- Describe our department’s role in the command’s performance improvement plan?
- How do we collect, monitor, and report data, as appropriate, from medication, blood usage, and operative and invasive procedure reviews? Demonstrate improvements and/or cost reductions resulting from this review process.
- Identify patient care performance improvement initiatives. How do we know that they are effective?
- How do we apply results of customer surveys to our strategic planning process?
- Describe the process used to benchmark best clinical practices. How do we use best clinical practice information to improve clinical outcomes?
- How do we apply information from performance improvement monitors to reduce the cost of care and services?
- Describe a situation that illustrates collaborative effort with other departments/services to solve common health care delivery issues.
- How do we use the results of record reviews to improve care?
- How do we know that our system for sharing patient information facilitates quality care?
- ◆ What performance dimensions do we monitor? Why and how were they selected?

Section C: Healthcare Provider and Clinical Support Staff Review

C-1: Strategic Goal II - People (“*Our Most Important Resource.*”)

- Briefly describe the TQL and performance improvement philosophy. What training have we received regarding these processes?
- Briefly describe the command and Navy Medicine’s mission and strategic goals?
- How is the medical staff involved in performance improvement activities?

- How do we submit beneficial suggestions and ideas for performance and process improvements? Do we receive timely replies to these suggestions?

C-2: Strategic Goal IV - Stewardship (“Optimal Resource Management.”)

- Describe the command's approach to systematic planning, designing, measuring, assessing and improving performance.
- Describe our role in meeting the department and facility stewardship goals. What training did we receive or do we need to assist us in meeting these goals?

C-3: Strategic Goal III - Technology (“Maximize Mission Accomplishment.”)

- How do we use information technology to enhance patient care?

C-4: Strategic Goal V - Health Benefit (“A Uniform Benefit.”)

- How do we participate in measuring, evaluating, and improving patient assessments, significant departures from established clinical practice patterns, untoward medicine reactions, and the use of medicines, blood and blood components, and operative and invasive procedures?
- Identify patient care performance improvement initiatives. How do we know that they are effective?
- How do we apply results of customer surveys to our strategic planning process?
- Describe the process used to benchmark best clinical practices. How do we use best clinical practice information to improve clinical outcomes?
- How do we apply information from performance improvement monitors to reduce the cost of care and services?
- Describe a situation that illustrates collaborative effort with other departments/services to solve common health care delivery issues.
- How often do we use the results of record reviews to improve care?
- How do we know that our system for sharing patient information facilitates quality care?
- When do we collect an autopsy? How do autopsy results improve patient care?

Chapter 4: Utilization Management

A review of how resource planning, organizing, directing, and controlling relates to patient care. Includes reviews of admissions, ordered and provided services, length of stay, and discharge practices.

Section A: Executive Steering Council Review

A-1: Strategic Goal IV - Stewardship (“Optimal Resource Management.”)

- How do we prepare personnel for their roles in utilization management (UM)?
- How did we develop the command's utilization plan? Demonstrate how UM activities reduced operating costs?
- How do we monitor and evaluate UM activities and success? How do we encourage collaborative, multi-disciplinary utilization management? What data systems or information technology do we use?
- Demonstrate how UM improved patient flow and services.
- How do we apply UM information to the selection and evaluation of external contracts?
- Explain how our UM plan supports the Health Services Region plan.

A-2: Strategic Goal V - Health Benefit (“A Uniform Benefit.”)

- How do we prepare the staff for changes in practice patterns and health care delivery identified through UM reviews?
- Which departments/services are the most efficient at providing health maintenance and restoration services? How did you make this determination?
- How have prospective, concurrent, and retrospective reviews improved utilization of services and the delivery of care?
- How do we plan, design, and implement clinical pathways? What safeguards exist to ensure individualized care?
- How have reviews of frequently ordered ancillary services improved care and reduced costs?
- What evidence do we have that discharge planning is timely, multi-disciplinary, and results in good patient outcomes?

- How do we know that patients receive the right care in the right setting and at the right time and cost?
- How do we ensure optimal coordination among providers, services, and settings?
- How do we establish and evaluate the criteria or policies used to establish the appropriateness of care or treatment settings (particularly emergency treatment, ambulatory care, and special care units)?

Section B: Department Head, Supervisor, LCPO, LPO and Program Manager Review

NOTE: The “◆” bullet denotes items for special consideration by Program Managers and/or committee members.

B-1: Strategic Goal IV - Stewardship (“Optimal Resource Management.”)

- How do we educate the staff on UM plans and activities? Describe their role in the UM plan. How have we applied UM monitor information to reduce the cost of care and services?
- What plans, if any, do we have to revise space utilization to improve patient flow and services?
- How do we share UM information with our internal customers and other departments? Provide an example of how this exchange is beneficial.
- ◆ What data systems support the UM program?
- ◆ How did we determine the resources needed to implement the UM plan?
- ◆ Describe the process for conducting the annual facilities and land utilization reviews. Describe planning and performance improvements resulting from these reviews.

B-2: Strategic Goal V - Health Benefit (“A Uniform Benefit.”)

- How do we communicate changes in practice patterns and health care delivery identified through UM reviews?
- How efficient are we in providing health maintenance and restoration services? How did we make this determination? How do we compare with other departments/services?
- Describe the prospective, concurrent, and retrospective review processes. How do they improve utilization of services and the delivery of care?
- How have we applied information from UM monitors to reduce the cost of care and services?
- What additional services or product lines were developed as a result of UM activities?
- How do we assist in planning, designing, and implementing clinical pathways? What safeguards do we have to ensure individualized care?

- What criteria are used to determine clinical pathways selected for study?
- How do we know that patients receive the right care in the right setting and at the right time and cost? What criteria do we use to evaluate the quality and appropriateness of care?
- Do we profile providers to determine their practicing patterns for identical procedures?
- Explain how physicians prescribing patterns are analyzed for UM activities.
- What evidence do we have that all treatment provided is accurately reported and recorded to the most appropriate category? How do we know that what was recorded was actually performed?

Section C: Healthcare Provider and Clinical Support Staff Review

C-1: Strategic Goal IV - Stewardship (“Optimal Resource Management.”)

- What is our role in UM?
- What actions, if any, are planned to revise space utilization for improved patient flow and services?
- Describe our role in establishing disease, population, and demand management policies and procedures.

C-2: Strategic Goal V - Health Benefit (“A Uniform Benefit.”)

- Describe changes in practice patterns and health care delivery identified through UM reviews and activities.
- What role did we play in determining the most efficient processes and systems for health maintenance and restoration services?
- Describe the prospective, concurrent, and retrospective review processes. How have they improved utilization of services and the delivery of care?
- How do we assist in planning, designing, and implementing clinical pathways? What safeguards are in place to ensure individualized care?
- How do we know that patients receive the right care in the right setting and at the right time and cost?
- How do we ensure that all treatment provided is accurately reported and recorded to the most appropriate category? How do we ensure that what was recorded was actually performed?
- What criteria do we use to discharge patients from post-anesthesia care? Do medical records indicate that these criteria are consistently used?
- Describe the criteria for admission and discharge from Special Care Units? How do we know that this criteria is appropriate?

Chapter 5: Risk Management

A review of risk management planning and activities.

Section A: Executive Steering Council Review

A-1: Strategic Goal II - People (“*Our Most Important Resource.*”)

- What is our selection process for important risk assessment/management positions? How do we know that personnel are adequately prepared to assume such duties?
- Describe our information exchange process with the Risk Manager and the RM Committee. How do we act upon recommendations and how do we monitor committee activities and reports?
- How do we know that ESC members possess adequate knowledge of RM requirements and techniques?
- How do we know that the Infection Control Practitioner/Officer (ICP/ICO) is qualified to meet all duties and responsibilities?

A-2: Strategic Goal III - Technology (“*Maximize Mission Accomplishment.*”)

- How do we apply information management technology to risk identification, categorization, and reporting?

A-3: Strategic Goal IV - Stewardship (“*Optimal Resource Management.*”)

- How do we evaluate the command's effectiveness in reducing liability and risk to persons and property; i.e., how successful is our Risk Management (RM) Plan?
- How do we integrate the RM and quality improvement (QI) programs?
- How do we use risk assessments to ensure a safe working environment?
- How do we ensure a comprehensive litigation management program?

A-4: Strategic Goal V - Health Benefit (“*A Uniform Benefit.*”)

- How do we know that infection control policies are effective throughout our organization? How do we make this assessment? How do we apply infection control data to improve organizational performance?
- How do we ensure an effective multi-disciplinary approach to infection control?
- Describe how our smoking policy relates to fire safety and the dangers of second-hand smoke.

- How do we review and evaluate: high volume/high risk indicators; practice guidelines/protocols; unusual occurrences; clinical outcomes; and care and services provided in all settings? Demonstrate how we use these reviews to minimize risk.
- Demonstrate how we apply Judge Advocate General (JAG) and Potentially Compensable Event (PCE) reviews to redesign services.
- Demonstrate how performance improvement initiatives reduced the use of restraints and seclusion throughout the organization.

Section B: Department Head, Supervisor, LCPO, LPO, and Program Manager Review

NOTE: The “◆” bullet denotes items for special consideration by Program Managers and/or committee members.

B-1: Strategic Goal II - People (“Our Most Important Resource.”)

- How do we monitor staff awareness of their risk management responsibilities?
- How do we interact with the Risk Manager?
- How do we receive and disseminate RM program information, reports, and recommendations?
- Provide an illustration of how RM has decreased staff illness and injury.
- Who is the Infection Control Practitioner/Infection Control Officer (ICP/ICO)? How do we receive and distribute information from the ICP/ICO? Do we feel this communications is effective?
- ◆ Describe RM program revisions made as a result of information provided by the staff and internal customers.

B-2: Strategic Goal IV - Stewardship (“Optimal Resource Management.”)

- How do we monitor medication storage, distribution, and control? Describe control techniques to ensure proper handling and security of narcotics and emergency medications. How do we know that they are effective?
- How do we monitor emergency cart protocols?
- Describe the process for identifying and reporting medical devices that cause serious illness, injury, or death.
- Describe control techniques for limiting access to decontamination and sterilization areas. How do we control the use of disposables, clean and soiled linen, and stored sterile items?
- How do we ensure the confidentiality and security of information contained in data systems?
- How do we ensure the safe storage of food and nutrition products?

- What controls are in place to ensure timely identification, documentation, reporting, and evaluation of equipment problems/failures and operator errors that adversely affect patient safety and/or quality of care?
- ◆ Provide evidence of ICP/ICO's equipment reviews at freestanding ambulatory care facilities.
- ◆ How do we use facility risk assessments to improve our infection control program and ensure a safe working environment?
- ◆ How does the ICP/ICO monitor central sterile processing and operating rooms/suites? How do we apply results to enhance operations and patient care?
- ◆ How do we monitor the sterilization equipment performance?

B-3: Strategic Goal V - Health Benefit (“A Uniform Benefit.”)

- How do we know that infection control training and measures throughout the scope of clinical operations comply with applicable directives and regulations? What role we play in creating or revising infection control protocols?
- List the high-occurrence infectious diseases among our patient population. How are these considered in the infection control plan?
- Describe the nosocomial infection surveillance program.
- Describe the integration of infection surveillance, prevention, and control functions within the command. How do we know that our Standard Operating Procedures (SOP) for these functions are adequate and reflect current information and technology?
- How do we maintain infection control in pediatric units and waiting area?
- How do we determine our patient information needs? What evidence do we have that outpatient and inpatient medical record entries are accurate, timely, legal, and contain all required entries?
- How do we ensure the availability and security of medical treatment records for potentially compensable events PCE's?
- How have we reduced the risks inherent in, as applicable, surgical and anesthesia services, medication administration, and obstetrical and newborn services?
- Describe the process for timely reporting and resolution of life-threatening situations.
- Describe command policy for limited, justified use of restraint or seclusion.
- Describe cardiac drill and emergency procedures. Demonstrate how drills improve staff performance and patient survival.
- What quality controls exist within our facility? Who measures them? What training was provided to those who measure quality controls?
- Do medical record reviews indicate that only persons authorized by rules give and receive verbal orders? How do we ensure that potentially hazardous verbal orders are authenticated?

- ◆ How can we prove that the command meets infection control training requirements? Provide documentation of annual infection control update training, and that conducted during command/department orientation and upon receipt of new technology.
- ◆ Describe the make-up of the command's Infection Control Committee.
- ◆ How do we know that infection control training and measures throughout the scope of clinical operations comply with applicable directives and regulations? How do we make this assessment?
- ◆ Describe the findings of the most recent annual infection control review. What actions resulted from that review?
- ◆ What improvements in the infection control function were realized over the past year?
- ◆ How does our organization support community-based infection controls program?
- ◆ How do the medical, nursing, occupational health, and administrative staffs collaborate in the formulation of infection control policies, protocols, manuals, and training?
- ◆ What is the nosocomial infection rate among patients, employees, and visitors? Identify outbreaks that occurred within the past year. What actions were taken to improve the nosocomial infection rate and to control outbreaks?
- ◆ How do we know that our emergency care providers and ambulance operators follow sound risk management practices?
- ◆ Do we track, trend, and integrate findings from: medical records, drug usage, surgical services, blood products, safety, adverse outcomes, high-risk procedure, customer satisfaction, and autopsy reviews; infection control surveillance, utilization management, and quality control activities; staff views regarding performance improvement opportunities; and appropriateness of behavioral management programs?
- ◆ How do we ensure the confidentiality and security of information contained in patient records and data systems (i.e., hard copy and electronic systems)?
- ◆ What percentage of operative, invasive, and anesthesia records contain: pre-operative diagnoses by a Licensed Independent Practitioner (LIP); operative reports written/dictated immediately after surgery; post-operative diagnoses; authentication by a surgeon; and the name of the discharge LIP? What actions were taken to improve this percentage?
- ◆ What percentage of ambulatory care records contain a summary list that identifies: significant diagnoses, conditions, procedures, drug allergies, and medications? What actions were taken to increase this percentage?
- ◆ What is the average medical record deficiency rate? What actions were initiated to reduce this rate?

Section C: Healthcare Provider and Clinical Support Staff Review

C-1: Strategic Goal II - People (“Our Most Important Resource.”)

- Describe our RM responsibilities. Who is the command's Risk Manager?

- How do we receive RM training, program information, reports, and recommendations? Demonstrate how we apply this information to reduce staff illnesses and injuries.
- How do we receive and distribute information from the ICP/ICO? Do we feel that this communication is effective?

C-2: Strategic Goal III - Technology (“*Maximize Mission Accomplishment.*”)

- How do we ensure that our staff can safely use medical technology?

C-2: Strategic Goal IV - Stewardship (“*Optimal Resource Management.*”)

- Describe medication storage, distribution, and control policies and procedures. Describe narcotics and emergency medication handling and security procedures.
- Describe emergency cart use and maintenance procedures.
- Describe how we identify and report medical devices that cause serious illness, injury, or death.
- How do we control access to decontamination and sterilization areas? Describe handling procedures for disposables, clean and soiled linen, and stored sterile items.
- How do we ensure proper decontamination of all invasive equipment? Do we have access to current guidelines and manufacturer’s instructions?
- What training have we received regarding the handling and disposal of infectious waste?
- How do we ensure the safe storage of food and nutrition products?
- How do we identify, document, report, and evaluate equipment problems/failures and operator errors that adversely affect patient safety and/or quality of care?

C-3: Strategic Goal V - Health Benefit (“*A Uniform Benefit.*”)

- How do we know that our infection control measures throughout the scope of clinical operations comply with applicable directives and regulations? How do we communicate suggestions for creating or revising infection control protocols and training?
- How do we maintain infection control in pediatric units and waiting area?
- List the high-occurrence infectious diseases among our patient population. How are these considered in the infection control plan?
- Describe nosocomial infection surveillance procedures.
- Describe the integration of infection surveillance, prevention, and control functions within the command. How do we know that our SOPs for these functions are adequate and reflect current information and technology?
- How do we determine our patient information needs? What evidence do we have that outpatient and inpatient medical record entries are accurate, timely, legal, and contain all required entries?

- How do we ensure the availability and security of medical treatment records for PCEs?
- How do we ensure that ambulatory care summary lists are initiated by the third visit and continuously maintained?
- How do we ensure the confidentiality and security of information contained in patient data systems (i.e., hard copy and electronic systems)?
- How did the medical staff define and differentiate “anesthesia” and “conscious sedation?” Do we have approved protocols for conscious sedation? Can we demonstrate that the staff follows these protocols?
- How do we reduce the risks inherent in surgical and anesthesia services, medication administration, and obstetrical and newborn services?
- How do we monitor informed consents for appropriateness and completeness?
- How do we know that our emergency care providers and ambulance operators received appropriate training on, and follow sound RM practices?
- Describe the process for timely reporting and resolution of life threatening situations.
- Describe medical staff approved protocols and criteria for the use of restraints or seclusion in the facility. How do we know that they are effective?
- Describe cardiac drill and emergency protocols. How do drills improve performance and patient survival?
- What quality controls exist within our facility? Who measures them?
- How do we ensure that we correctly identify patients prior to diagnostic and treatment procedures?
- What is the standard of care for monitoring anesthetized patients? How do we ensure adherence to this standard?
- Describe medication administration procedures. How have we increased medication administration safety? How often do we see or hear of medication review results?
- If applicable, do we measure endotracheal carbon dioxide (ETCO₂) after every patient intubation regardless of location?
- Where would we find poison control information and a hospital formulary or drug list? Are they readily available to patients and staff?

Chapter 6: Health Promotion

A review of health promotion activities as they relate to the staff, patients, and customer commands.

Section A: Executive Steering Council Review

A-1: Strategic Goal I - Readiness (“Fit to Fight.”)

- Demonstrate how our Health Promotion Program improves the readiness of the military staff and the military community.

A-2: Strategic Goal II - People (“Our Most Important Resource.”)

- How do we know that our Health Promotions Program staff is qualified to meet their duties and responsibilities?
- How do we set the example for a fit and healthy lifestyle?
- What benefit has the staff derived from the Health Promotion Program? What outcome criteria do we use to measure this benefit?
- How do we evaluate our progress in obtaining/maintaining a smoke-free environment and staff?

A-3: Strategic Goal V - Health Benefit (“A Uniform Benefit.”)

- How do we measure our progress in meeting Navy Medicine's health promotion goals?
- How did we determine which health promotion programs to offer? How do we monitor their effectiveness in attaining desired healthy behaviors?
- Describe how our Health Promotion Program supports those developed by local commands.
- How do we know that daily clinical practices incorporate health promotion activities and counseling?
- Describe the impact of the Health Enrollment Assessment Review (HEAR) data on our Health Promotion Program.

Section B: Department Head, Supervisor, LCPO, LPO, and Program Manager Review

NOTE: The “♦” bullet denotes items for special consideration by Program Managers and/or committee members.

B-1: Strategic Goal I - Readiness (“Fit to Fight.”)

- How has the Health Promotion Program improved military staff and military community readiness?
- ♦ Describe the interactions between the health promotions and physical readiness program staffs?

B-2: Strategic Goal II - People (“Our Most Important Resource.”)

- Describe our interactions with the Health Promotions Program staff. Illustrate how this interaction is mutually beneficial.
- How do we set the example for a fit and healthy lifestyle?
- What benefits has the staff derived from the Health Promotion Program? How do we use the Health Promotion Program to reward and motivate our staff?
- How do we encourage our staff to quit smoking and remain smoke free?
- Has the active duty staff had the opportunity to obtain a Health Enrollment Assessment Review (HEAR)?

B-3: Strategic Goal V - Health Benefit (“A Uniform Benefit.”)

- Which health promotion programs do we offer? What resources are available to us for health promotion activities?
- Describe how we support the Health Promotion Program efforts of other commands.
- How do we ensure that daily clinical practices include health promotion activities and counseling?
- ♦ Describe how the command Health Promotion Program was developed. How did we identify program resources?
- ♦ How do we measure our progress in meeting our Health Promotion Program goals?

Section C: Healthcare Provider and Clinical Support Staff Review

C-1: Strategic Goal I - Readiness (“Fit to Fight.”)

- How do we encourage and support individual responsibility for health maintenance and physical readiness?
- How do we ensure that SIQ personnel living in bachelor quarters are monitored for following procedures as prescribed for their illnesses?

C-2: Strategic Goal II - People (“Our Most Important Resource.”)

- Describe our interactions with the Health Promotion Program staff. Illustrate how this interaction is mutually beneficial.
- How do we set the example for a fit and healthy lifestyle?
- What benefits have we derived from the Health Promotion Program?
- How do we encourage our staff to quit smoking and remain smoke-free?

C-3: Strategic Goal V - Health Benefit (“A Uniform Benefit.”)

- Which health promotion programs do we offer? What resources are available to us for health promotion activities?
- Describe how we support the Health Promotions Program efforts of other commands.
- How do we incorporate health promotion activities and counseling into daily clinical practices?
- Have we evaluated the HEAR data for our empanelled patients? Provide an example of action taken because of report review.
- How do we encourage our patients to quit smoking and remain smoke-free?

Chapter 7: Budget Process

A review of budget processes at all command levels.

Section A: Executive Steering Council Review

A-1: Strategic Goal IV - Stewardship (“*Optimal Resource Management.*”)

- Describe how the command's strategic goals influence annual budget formulation.
- Demonstrate how the Comptroller reports to and advises leadership on budget and resource issues. Does the Comptroller report directly to the Command or Executive Officer?
- Describe our process for assessing future resource needs and developing appropriate procurement plans. How do we know that this process is adequate?
- How often do we receive Status of Funds Reports? What major problem areas or financial plan variances did we identify upon report review?
- Describe our review process for budget submissions to higher authority.
- Show the analysis that supports changes in command business practices to optimize collection of Third Party revenues.
- Describe how planned revenues from Third Party payers support achievement of the command's strategic goals.
- List the billing and/or collection metrics used to monitor the Third Party Collections (TPC) program.
- Demonstrate how revenues from the TPC program were used to improve or expand health benefits.
- Describe how staff education and public relations programs include the TPC program.
- Describe how the OPTAR program supports achievement of the command's strategic goals. List the data used to monitor OPTAR holder performance.
- How does Medical Expense Performance Reporting System (MEPRS) data aid decision-making? How do we know that all command members understand the importance of accurate MEPRS data submissions and their impact on high level decisions?

Section B: Department Head, Supervisor, LCPO, LPO, and Program Manager Review

NOTE: The “♦” bullet denotes items for special consideration by Program Managers and/or committee members.

B-1: Strategic Goal IV - Stewardship (“Optimal Resource Management.”)

- Describe our interactions with the Comptroller and budget staff. How accessible are they for advice and assistance? What reports do they provide us?
- Discuss current Memoranda of Understanding (MOU); i.e., services provided under them and their impact upon department operations.
- How do we receive operating target (OPTAR) funds, monitor OPTAR expenditures, and request OPTAR changes?
- What control techniques exist to ensure accuracy in MEPRS data submissions?
- Describe TAD and travel liquidation procedures.
- ♦ Provide documentation that indicates Bureau of Medicine and Surgery (BUMED) approval of the existing Comptroller organization. Does the Directorate operate accordingly?
- ♦ What data do we use to monitor budget execution? How do we train personnel to identify and use the appropriate data?
- ♦ Provide documentation designating the Comptroller as the Allotment Administrator.
- ♦ How do we ensure that resource data is correct, current, and complete?
- ♦ Provide the analysis of actual budget execution data that we use to identify areas of projected improvement. Illustrate how we measure improvement results.
- ♦ Describe how we accurately identify Third Party Payers and maximize income from these sources.
- ♦ Demonstrate how our Third Party Liability (TPL) program includes automobile liability, and no-fault insurance and Medical Care Recovery Act policies.
- ♦ Provide evidence of command action on Third Party Collections (TPC) claims; i.e., collected, disallowed or invalid, and delinquent amounts; final claim disposition; and how collections were used.
- ♦ How do we monitor the status of all reimbursables? How do we ensure timely collection of accounts receivable? How do we account for funded and unfunded reimbursements?
- ♦ Describe how we ensure security and accuracy in Collection Agent functions.

- ◆ Describe the make-up of the Collection Agent Audit Board and the timeframe in which they conduct audits. Describe procedures and reports that result from the audits.
- ◆ Discuss current MOU; i.e., determination of need, current services provided through MOU, and MOU negotiation/renegotiation processes.
- ◆ Describe our process for issuing and monitoring OPTARs. Include a description of our budget call process.
- ◆ How do we maximize discount receipts and minimize interest penalty payments?
- ◆ Describe the obligation validation review process.
- ◆ How do we administer the MEPRS program and monitor associated reports? Describe the interactions between the MEPRS, accounting, and budget staffs to ensure accurate establishment of master files and tracking of program costs?
- ◆ Explain the reconciliation process for workload, manpower, and financial systems.
- ◆ Do we have a travel plan, approved by the Commanding Officer, for the current fiscal year?
- ◆ Describe the TAD and travel liquidation process. What control techniques exist to ensure claim accuracy and appropriate follow-up of outstanding liquidations?
- ◆ Provide evidence that we routinely review and clear the Travel Advance Account (GLA 1512) for current and prior fiscal years.
- ◆ Describe how command checkout procedures ensure that departing personnel do not have outstanding travel advances or unliquidated travel claims.

Section C: Healthcare Provider and Clinical Support Staff Review

C-1: Strategic Goal IV - Stewardship (“Optimal Resource Management.”)

- How do we determine the budget needed to provide quality care and services? Demonstrate that our budget is adequate.
- How do we communicate our resource and budget needs?
- How are we educated about the Third Party Collections (TPC) program? Who are the command-appointed TPC points of contact?
- Describe MEPRS accounting and submission requirements. How do MEPRS submissions affect command operations?
- Describe TAD and travel liquidation requirements.

Chapter 8: Personnel

A review of civilian personnel programs and manpower issues and concerns.

Section A: Executive Steering Council Review

A-1: Strategic Goal II - People (“Our Most Important Resource”)

- What was the outcome of our most recent annual analysis of the Activity Manpower Document (AMD)?
- How do we monitor and evaluate the civilian performance appraisal and incentive awards processes? How do we ensure performance appraisals and incentive awards are fair and objective?
- How do we ensure effective communication of Equal Employment Opportunity (EEO) program information?
- How do we ensure civilian representation on the Executive Steering Council (ESC)? Describe a situation that illustrates ESC responsiveness to civilian issues.
- How do we ensure that civilians who file grievances are not subject to retaliation?
- How do we support the Priority Placement Program?

Section B: Department Head, Supervisor, LCPO, LPO, and Program Manager Review

NOTE: The “◆” bullet denotes items for special consideration by Program Managers and/or committee members.

B-1: Strategic Goal II - People (“Our Most Important Resource”)

- How do we develop and revise civilian timekeeping policies? Describe civilian timekeeping policies and procedures. Illustrate compliance with these policies and procedures.
- How do we monitor overtime and compensatory time? How do we evaluate the need for overtime and compensatory time? Describe the request/approval process for overtime and compensatory time?
- How do we monitor civilian leave? How do we use this information? Describe the civilian leave request and approval process. Provide an example of an approved leave without pay situation.

- How do we ensure that civilian position descriptions are accurate, complete, and current? How do we track high-grade positions (GS-14 and above)?
- Describe how civilian employee performance plans are reviewed and presented to new employees. Demonstrate that we meet delivery and presentation timelines.
- Describe civilian performance appraisal and incentive awards procedures. Describe the performance evaluation and, as applicable, incentive awards process for health care contractors. How do we ensure fairness, objectivity, and confidentiality in the appraisal process?
- How do we ensure assignment of civilian personnel by billet authorization and subspecialty?
- Describe how we develop civilian education and training plans. How do we use position descriptions and performance appraisals to develop individual and group training plans?
- Describe our EEO responsibilities. What training have we received regarding EEO policies and procedures?
- How do we communicate EEO program information? What mechanisms do we have to communicate EEO concerns up and down the chain of command? How do we evaluate the effectiveness of these communications?
- Describe EEO counseling services available to civilian employees. Are the names and telephone numbers of EEO specialists prominently posted?
- Describe a situation that illustrates ESC responsiveness to civilian issues.
- Describe civilian grievance procedures. How do we ensure that our civilian staff knows how to file a grievance and who to ask for assistance in the process? How do we ensure that civilians who file grievances are not subject to retaliation?
- How do we inform physicians about the Physicians Comparability Allowance Program?
- What mechanism do we use to address staff requests to be excused from some aspects of care? How do we ensure that patient care is not compromised in such a situation?
- ◆ Describe how we analyze and validate our AMD. Describe Officer Distribution Control Report (ODCR) and Enlisted Distribution Verification Report (EDVR) verification procedures.
- ◆ Describe the components of the Annual Billet Review. How does this review apply to our strategic plan?
- ◆ Describe the functions and responsibilities of the Position Management Committee. Do we maintain adequate documentation of committee activities and decisions?
- ◆ Describe maintenance procedures for the Standard Personnel Management System (SPMS). How do we ensure system accuracy?
- ◆ How do we include contractor Full Time Equivalents (FTEs) in manpower analyses?
- ◆ How do we record and monitor staff assignments, arrivals, departures, promotions, and step changes?

- ◆ Describe how civilian employees are placed on the Workmen's Compensation Program. How do we ensure appropriate benefits and follow-up?
- ◆ How do we facilitate the development of civilian personnel's leadership skills?

Section C: Healthcare Provider and Clinical Support Staff Review

C-1: Strategic Goal II - People (“Our Most Important Resource”)

- Describe civilian timekeeping policies and procedures. Illustrate compliance with these policies and procedures.
- How do we evaluate the need for overtime and compensatory time? Describe the approval process for overtime and compensatory time.
- Describe the civilian leave request and approval process. Include a description of leave without pay request and approval procedures.
- How do we ensure that civilian position descriptions are accurate, complete, and current?
- Describe the civilian performance appraisal and incentive awards processes. How do we ensure confidentiality in the appraisal process?
- How do we receive EEO program information? How do we communicate our EEO concerns?
- Describe EEO counseling services available to civilian employees. Where would we find the names and telephone numbers of EEO specialists?
- Describe civilian grievance procedures. How do we ensure that our civilian staff knows how to file a grievance and who to ask for assistance in the process?
- Do we feel confident that civilians who file grievances are not subject to retaliation?
- Describe how civilian employees are placed on the Workmen's Compensation Program.
- What is the Physicians Comparability Allowance Program?

Chapter 9: Readiness

A review of staff operational platforms, mobilization plans, POMI, and physical readiness concerns.

Section A: Executive Steering Council Review

A-1: Strategic Goal I - Readiness (“Fit to Fight.”)

- How did we determine our priority goals for readiness programs?
- How do we plan, organize, and equip our organization for operational and contingency roles?
- Describe how our travel program supports operational readiness requirements.
- How do we monitor Logistics Support Mobilization Plan (LSMP) currency and effectiveness?
- What measurement method leads us to believe that our Mobile Medical Augmentation Readiness Team (MMART) is ready to respond to a crisis?
- How do we evaluate the effectiveness of our physical readiness policies? How do we minimize the risks inherent in the Physical Readiness Test (PRT) and remedial physical fitness programs?

A-2: Strategic Goal II - People (“Our Most Important Resource.”)

- How do we monitor staff assignment to operational platforms and completion of associated administrative and training requirements?
- What initiatives have we chartered to increase staff operational training opportunities?
- How do we know that our appointed Plans, Operations and Medical Intelligence (POMI) Officer and Command Fitness Coordinator (CFC) are qualified to manage their programs?
- What elements make our Reserve Integration Program effective?
- How do we develop facility plans for Selected Reserves (SELRES) specialty support?
- How do we measure SELRES contributions to mission accomplishment?

A-3: Strategic Goal IV - Stewardship (“Optimal Resource Management.”)

- Describe how the travel program supports operational readiness.

Section B: Department Head, Supervisor, LCPO, LPO, and Program Manager Review

NOTE: The “♦” bullet denotes items for special consideration by Program Managers and/or committee members.

B-1: Strategic Goal I - Readiness (“Fit to Fight.”)

- What mobilization platforms do we support? What is our plan for continued patient services during mobilization?
- How do we monitor staff medical and dental operational readiness? Provide examples of actions taken to maximize their medical and dental readiness.
- How do we plan for contingency operations? How do we evaluate our department's ability to respond to contingency operations?
- How do we monitor staff physical readiness status? How do we monitor staff participation in and minimize the risks inherent in physical fitness testing and programs?
- ♦ Describe our process for assigning personnel to operational platforms.
- ♦ Describe how we use Medical Personnel Augmentation System (MPAS) and Standard Personnel Management System (SPMS) data to monitor accomplishment of readiness goals?
- ♦ Do we have current Standard Operating Procedures (SOP) manuals for surgical teams/blocks and other mobilization activities and teams? How do we ensure that they are updated as procedures and requirements change?
- ♦ How do we generate and analyze Medical Augmentation Program (MAP) data? How do we know that the data is complete and accurate?
- ♦ Describe the process for evaluating staff readiness data. Provide an example of corrective action taken following identification of a readiness deficiency.
- ♦ Describe Plans, Operations and Medical Intelligence (POMI) Officer's liaison activities with base commanders. How often, and to what extent do we participate in operational and contingency exercises?
- ♦ Describe our LSMP.
- ♦ Describe the composition of the MMART and identify its role. How do we know that it is ready to respond in a crisis? How do we obtain and store MMART materiel and field uniforms?

B-2: Strategic Goal II - People (“Our Most Important Resource.”)

- How do we know that our staff can competently perform the skills required of their operational platform? How do we monitor completion of training for operational platforms?

- Describe the process for requesting SELRES support?
- ◆ How do we ensure that all personnel are in a C-1 and T-1 status? What is the mechanism used to distribute C/T status data?
- ◆ How do we incorporate MMART training needs into the annual training plan? Have we met all MMART orientation and training requirements?
- ◆ Provide evidence of POMI indoctrination for all newly reporting personnel. How does the POMI Officer coordinate command mobilization training?
- ◆ How do we identify Reserve personnel billet shortfalls? How do we evaluate our effectiveness in correcting them?
- ◆ How do we monitor Reserve independent practitioner mobilization readiness using the Centralized Credentials Quality Assurance System (CCQAS)?
- ◆ Describe the elements of the Reserve Integration Program. How does our facility support Reserve operational readiness?

Section C: Healthcare Provider and Clinical Support Staff Review

C-1: Strategic Goal I - Readiness (“Fit to Fight.”)

- What mobilization platforms do we support? How will department services continue during staff mobilization?
- Do we maintain and update surgical team/block and other mobilization activity and team Standard Operating Procedures (SOP) manuals?
- What impact has the presence of a professional library had on our ability to meet our operational roles?
- What is our medical and dental operational readiness status? How do we monitor that status?
- What is our physical readiness status? How do we maintain or improve our physical readiness?

C-2: Strategic Goal II - People (“Our Most Important Resource”)

- How do we identify the training requirements of our mobilization platforms? How do we request that training?
- What is our C/T status?

Chapter 10: Staff Competence

A review of staff competence as it relates to levels of care provided.

Section A: Executive Steering Council Review

A-1: Strategic Goal I – Readiness (“Fit to Fight.”)

- How do we use the Centralized Credentials Quality Assurance System (CCQAS) to determine licensed practitioner mobilization readiness?
- How do we assign Reservists to work centers? How do we know that Reservists providing health care meet Navy credentialing and privileging requirements and standards?

A-2: Strategic Goal II – People (“Our Most Important Resource.”)

- How do we establish and revise Medical/Dental Staff Bylaws, rules, regulations, and policies governing the credentials process? How do we know that they are effective?
- How do we monitor the practitioner credentials and privileging process?
- How did we establish special qualification criteria for direct care providers not subject to the privileging process?
- Describe how business operations support the effectiveness of the credentials process. Demonstrate how the credentials program is used to improve patient care.
- What key indicators do we use to monitor the quality of care provided by independent licensed practitioners?
- How do we know that we have an adequate number of qualified staff to provide quality care and services? How do we obtain Director/Department Head input for staffing decisions?
- Describe the process for assigning personnel to Director and/or Department Head positions. How did we establish training, qualifications, and other criteria?
- Describe the process for assessing future practitioner needs. Demonstrate how we apply current and projected patient and practitioner specialty mixes to this assessment. What data is available?
- How and how often do we assess the effectiveness of our staff professional development initiatives and activities?
- What aggregate data regarding staff competency patterns and trends do we use on an ongoing basis to monitor the effectiveness of our competency program?

- How do we use patient demographic data to determine the special qualifications of those who provide direct care but are not subject to the privileging process?
- How do we apply the results of the annual Staff Competency Report to planning, improvement, and decision-making processes?
- How is the Medical Staff leadership held accountable to the governing body for the quality of care provided by those who hold clinical privileges?

Section B: Department Head, Supervisor, LCPO, LPO, and Program Manager Review

NOTE: The “◆” bullet denotes items for special consideration by Program Managers and/or committee members.

B-1: Strategic Goal I – Readiness (“Fit to Fight.”)

- How do we collaborate with the Reserve Liaison Officer (RLO) to acquire Selected Reservists (SELRES) with the rights skills and appropriate privileges?
- How do we know that Selected Reservists providing health care in our facility meet Navy credentialing and privileging requirements and standards?
- ◆ Describe the process for collecting, verifying, and inputting medical readiness data into the CCQAS.

B-2: Strategic Goal II – People (“Our Most Important Resource.”)

- How do we orient medical/dental staff applicants to the staff bylaws, rules, regulations, and policies governing the credentials process? Who maintains documentation of this orientation?
- Describe the elements contained in the Medical/Dental Staff Bylaws. How do we implement these elements?
- Describe the processes and criteria used to appoint/reappoint medical/dental staff members and to grant, renew, or revise clinical privileges. Do we monitor and evaluate Continuing Education (CE) values during this process?
- How do we ensure that all individuals with clinical privileges practice within the scope of their privileges? How are we held accountable for the quality of services provided by those who hold clinical privileges?
- Do we have any practitioners who are not privileged through our credentials process? How do we manage this situation?
- Do we have any practitioners that must demonstrate age-specific competencies? How do we train and evaluate them for these competencies? How do we ensure that our staff can competently provide care to all appropriate age groups?

- Describe special qualification criteria for direct care providers not subject to the privileging process. How do you monitor and acknowledge completion of requirements?
- How were measurable performance standards determined for our staff?
- How do position descriptions and performance indicators facilitate assessment of personal competencies and staffing plan effectiveness?
- Describe a situation illustrating how leadership assisted in identifying and resolving a staff competency issue. How do we collaborate with the education and training staff to obtain and maintain staff competency levels?
- Outline medical staff fair hearing, appellate review, and summary suspension policies and procedures. How do we ensure compliance with requirements?
- How do we know that we have an adequate number of qualified staff to provide quality care and services? How and to whom do we communicate our staffing concerns and recommendations?
- How do we monitor individual completion of command indoctrination and assignment orientation training prior to initiating patient care? How and who monitors completion of such training for the housekeeping, forensic, volunteer, and contract staffs?
- How do we monitor Basic Life Support (BLS), Advanced Cardiac Life Support (ACLS), Advanced Trauma Life Support (ATLS), Pediatric Advanced Life Support (PALS), and Neonate Resuscitative Course (NRC) training for all personnel who may perform resuscitative procedures?
- How do we choose, train, and supervise volunteers?
- What management controls ensure adequate staff cross-training to cover personnel absences?
- How do we know that CCQAS data is timely and accurate?
- ◆ How does the Executive Committee of the Medical/Dental Staff (ECOM/DS) assure that medical staff members are currently competent for requested privileges and possess the appropriate credentials to perform them?
- ◆ Describe how we determine age-specific competencies.
- ◆ Describe appointment requirements for personal and non-personal service contracts.
- ◆ Demonstrate that credentials files reflect hospital-specific and departmental criteria for appointment and privileging.
- ◆ How do we ensure that the forensic staff and custodial and security personnel are oriented and educated about their patient-related duties and responsibilities?

B-3: Strategic Goal V - Health Benefit (“A Uniform Benefit.”)

- How do we ensure the same standard of care when more than one specialist performs the same procedures (e.g., conscious sedation, antepartum testing, etc.)?

Section C: Healthcare Provider and Clinical Support Staff Review

C-1: Strategic Goal I – Readiness (“Fit to Fight.”)

- How do we know that Selected Reservists providing health care in our facility meet Navy credentialing and privileging requirements and standards?

C-2: Strategic Goal II – People (“Our Most Important Resource.”)

- How do we receive orientation on Medical/Dental Staff Bylaws, rules, regulations and policies governing the credentials process? How is this orientation documented?
- Describe the elements contained in the Medical/Dental Staff Bylaws.
- Describe the processes and criteria used to appoint/reappoint medical/dental staff members and to grant, renew, or revise clinical privileges.
- How do we ensure that all individuals with clinical privileges practice within the scope of their privileges?
- Describe a situation illustrating how leadership assisted in identifying and resolving a staff competency issue. How do we collaborate with the education and training staff to obtain and maintain staff competency levels?
- How do we know that patient care assignments are consistent with individual qualifications?
- How do we train, use, and supervise volunteers?
- How do we manage and conduct staff cross-training? How do we know that all personnel can competently perform all assigned duties?
- How do we determine the necessary staff competencies for those serving in Special Care Units, the Emergency Department, operative, and post anesthesia areas?
- What evidence do we have to substantiate that all Special Care Unit and Emergency Services personnel are adequately trained to initiate and assist in high-risk procedures?
- Describe Sick Call Screener and Independent Duty Corpsman (IDC) supervisory programs. How has supervision improved the quality of services provided by these personnel?
- How do we determine Physician Extenders' scope of practice? How do we include them in staffing plans?
- Describe the mechanism by which the Medical Staff leadership exercises its responsibility for the quality of services provided by those who hold clinical privileges.

C-3: Strategic Goal V - Health Benefit (“A Uniform Benefit.”)

- How do we ensure the same standard of care when more than one specialist performs the same procedures (e.g., conscious sedation, antepartum testing, etc.)?

- How do we ensure that patient care is not compromised when staff members request to be excused from some aspect of care?

Chapter 11: Training

A review of staff professional, administrative, general military and total quality training processes and programs.

Section A: Executive Steering Council Review

A-1: Strategic Goal II - People (“*Our Most Important Resource.*”)

- How do we know that the education and training staff is qualified to perform and meets their duties and responsibilities?
- How do we evaluate the effectiveness of our Command Indoctrination Program? How does this program support our strategic goals?
- How do we ensure that education and training functions meet mission requirements and continue to improve?
- How do we know that our education and training programs encourage staff development and continual learning?
- How do we measure the effectiveness of command training and education activities?
- How do we monitor staff participation in, and completion of mandatory training requirements?
- What key performance indicators do we use to monitor continuing medical/dental education?
- How do we know that the staff is familiar with managed care requirements and issues?
- How do we measure changes in knowledge or skills resulting from purchased training? How do we compare actual outcomes with projected benefits?

A-2: Strategic Goal III – Technology (“*Maximize Mission Accomplishment.*”)

- How did we determine and prioritize technology purchases for training programs? Demonstrate that these purchases were cost-effective.
- How do we monitor the effectiveness of training provided by command Management Information Department (MID) personnel? How do we know that MID personnel are qualified to conduct computer-training courses?
- How do we monitor staff computer literacy?

A-3: Strategic Goal IV - Stewardship (“Optimal Resource Management.”)

- How do we ensure that we have adequate education and training resources?
- Describe the process for applying travel resources to support education and training requirements. Include the process for determining how this training will improve organizational capabilities.
- How do we assess the cost effectiveness of purchased training in attaining the command's strategic goals?

Section B: Department Head, Supervisor, LCPO, LPO and Program Manager Review

NOTE: The “◆” bullet denotes items for special consideration by Program Managers and/or committee members.

B-1: Strategic Goal II – People (“Our Most Important Resource.”)

- How do we determine and meet department/service training needs? How do we apply position descriptions and duties and responsibilities lists to staff training needs?
- How do we ensure that newly reporting members receive adequate indoctrination training? Describe how new staff members receive indoctrination on: the department/service, individual duties and responsibilities, performance expectations, and applicable special clinical and administrative programs.
- Describe staff educational services. How do we assist in developing plans for systematic improvements? How do we ensure that all personnel obtain benefits from command education and training functions?
- How do we monitor staff participation in and completion of mandatory training requirements?
- How do we encourage continual staff self-development and learning?
- How do we ensure that all staff members may pursue professional development training and travel opportunities? How does the command provide for continuing medical/dental education? Is it effective?
- How do we determine and provide continuing education to Independent Duty Corpsmen (IDCs) and Sick Call Screener?
- How do we know that our staff received adequate training on managed care requirements and issues?
- How do we identify Reserve training needs? How do we ensure that they participate in command training activities?
- ◆ How did we establish our command training program? How does it support Navy Medicine's and the command's strategic plans? How does it support personal goals?

- ◆ How do we evaluate and implement training recommendations?
- ◆ Describe the elements of our Command Indoctrination Program. How do we monitor personnel completion of, and satisfaction with the program?
- ◆ How do we ensure that classes offered by the education and training staff are available to those who need them most?
- ◆ How do we determine mandatory professional, occupational, positional, and general military training requirements? How do we track staff completion of mandatory training?
- ◆ How do we document and track completion of continuing medical/dental education?
- ◆ How do we document and track completion of continuing education for IDCs and Sick Call Screeners?
- ◆ How do we incorporate managed care familiarization/education into our Graduate Medical Education (GME) program?

B-2: Strategic Goal III – Technology (“Maximize Mission Accomplishment.”)

- How and who determines staff computer training requirements? How do we monitor the effectiveness of computer training?
- What, if any, training is provided/offered by MID personnel? How does the staff request this training?
- ◆ Describe the role of the Standard Personnel Management System (SPMS) as it applies to our command training program and efforts.

B-3: Strategic Goal IV - Stewardship (“Optimal Resource Management.”)

- How do we monitor requests for education and training courses, seminars, and workshops? How do we determine the appropriateness of such requests and how attendance benefits the department, command, and individual?
- How do we ensure equitable distribution of education and training funds?
- How do we monitor requests for training travel and Temporary Additional Duty? Include the process for determining how this training will improve organizational capabilities.
- ◆ Provide the analysis used to compare the actual outcomes of purchased training with projected benefits. How do we measure knowledge and skill changes resulting from purchased training?

Section C: Healthcare Provider and Clinical Support Staff Review

C-1: Strategic Goal II – People (“Our Most Important Resource.”)

- Describe how new staff members receive indoctrination on: the department/service, individual duties and responsibilities, performance expectations, and applicable special clinical and administrative programs.

- Describe educational services available through the command.
- How do we learn of our mandatory professional, occupational, positional, and general military training requirements? How do we ensure completion of mandatory training?
- What professional development opportunities are available to us?

C-2: Strategic Goal III – Technology (“*Maximize Mission Accomplishment.*”)

- What, if any, training is provided/offered by MID personnel? How do we request this training?
- Do we feel that the computer training we have received is adequate in relation to job requirements?
- Describe medical information systems and medical technology training received and when it was provided.

C-3: Strategic Goal IV – Stewardship (“*Optimal Resource Management.*”)

- How do we request education and training courses, seminars, and workshops?
- How do we monitor requests for training travel and Temporary Additional Duty? Include the process for determining how this training improves organizational capabilities.

Chapter 12: Branch Clinic Support and Oversight

A review of headquarters support to, and oversight of Branch Clinic operations.

MTFs/DTFs with responsibility for Branch Clinics must provide effective leadership, involvement, and support. Such oversight is extremely helpful, but is successful only if good communication channels exist. The following questions represent concerns frequently expressed by Branch Clinic staffs. They are by no means all-inclusive, and should not be used as the sole source for assessing clinic oversight and performance. Use each chapter of the Self-Assessment Guide, as appropriate, to evaluate Branch Clinic operations.

Section A: Executive Steering Council Review

A-1: Strategic Goal II – Readiness (“Fit to Fight.”)

- How do we ensure the readiness of our branch clinic contingency platforms? How do we monitor and ensure the provision of appropriate training and experience to branch clinic personnel?
- What role do the branch clinics play in our Disaster Preparedness Plan? What role do we play in their plans?

A-2: Strategic Goal II – People (“Our Most Important Resource.”)

- How do we know that the branch clinic staffs understand the command's mission and scope of care and the role that they play in both?
- How do we monitor and support the relationships between the branch clinics and the Responsible Line Commander (RLC)?
- How do we monitor administrative and clinical support to the branch clinics? How do we know that branch clinic staffs are satisfied with the level of administrative and clinical support provided?
- How do we ensure that 100% of branch clinic providers possess appropriate credentials and clinical privileges? How do we monitor the credentials and privileges of Reserve, U. S. Air Force and/or Army practitioners that provide care at our branch clinics after hours or on weekends?
- How do we ensure that all branch clinic personnel receive personal, professional, and career counseling? Do we have a mentoring program?
- How do we monitor branch clinic personal award submissions? How do we present and publish branch clinic awards?
- How have we improved communications with, and the flow of information between the branch clinics and the headquarters and/or hospital facility?

A-3: Strategic Goal III: Technology (“Maximize Mission Accomplishment.”)

- How do we know that branch clinic management information systems adhere to command policies and guidelines? How do we know that these systems are adequately supported, and that the branch clinics have maximum connectivity and integration?
- How do we ensure that BUMED tele-medicine initiatives and other technological advances are fully supported at the branch clinics?
- How do we ensure branch clinic accessibility to needed patient information and still maintain confidentiality and security of that information?

A-4: Strategic Goal IV: Stewardship (“Optimal Resource Management.”)

- How do we obtain branch clinic involvement in setting standards, developing policy, and devising new business methods?
- Describe our branch clinic oversight plans and policies? In what specific areas of expertise do we provide assistance and oversight? How do we know that the branch clinic staff is satisfied with the degree of oversight provided?
- How do we support the branch clinics in developing/revising their business and strategic plans? How do their plans compliment command plans?
- How do we involve the branch clinics in resource allocation decisions?
- How do we involve the branch clinics in performance improvement, risk and utilization management, and environment of care plans? How do we ensure alignment between branch clinic and command goals?
- How do we know that the branch clinics have the most effective and efficient supply system?
- How do we know that the branch clinics receive the appropriate financial, technical, and political support to manage local facility issues? Do we have a plan to achieve renovation and maintenance goals?
- Do we feel confident that equipment purchases are distributed equally and appropriately among the branch clinics? Why?
- How do we monitor branch clinic equipment maintenance and inventory programs?
- How do we monitor the resolution of branch clinic safety concerns and issues?

A-5: Strategic Goal V: Health Benefit (A Uniform Benefit.”)

- How do we ensure alignment between branch clinic and command health services goals?
- How do we ensure that branch clinic personnel practice within the scope of their facility?
- How do we obtain input from the branch clinics for changes to managed care policies and programs? What evidence do we have that demonstrates changes based upon their input?

- How do we ensure that branch clinic staffs are aware of TRICARE access to care standards? How do we support them in their attempts to meet those standards?
- How do we ensure that branch clinic nurses and physicians practice according to published ambulatory care standards?
- What mechanisms exist to help branch clinic practitioners resolve ethical issues?
- How do we oversee branch clinic Emergency Medical Systems (EMS)? How do we know that this oversight is effective?

Section B: Clinic Director, Department Head, Supervisor, LCPO, LPO, and Program Manager Review

B-1: Strategic Goal II: People (“Our Most Important Resource.”)

- What support do we receive for branch clinic training programs, especially for ancillary departments, Emergency Medical Technician (EMT), Emergency Vehicle Operator’s Course (EVOC) requirements.
- How do we measure command and clinic support for Continuing Medical Education and Graduate Medical Education (CME and GME)?
- How do we provide support and peer review to Branch Clinic practitioners? How do we provide them access to and representation on the ECOM/DS?
- Describe communications with, and the flow of information between the branch clinics and their headquarters and/or hospital facility.
- How do we cover branch clinic staff leave periods? How do we ensure adequate branch clinic staffing during operational deployments?

B-2: Strategic Goal IV: Stewardship (“Optimal Resource Management.”)

- How do we involve the branch clinics in the standardization of the command’s pharmacy formulary? What exceptions were made due to geographic and beneficiary uniqueness?
- How do we monitor medication storage, distribution, and control within the branch clinics?
- Have we designated separate Infection Control Coordinators for ambulatory care areas and branch medical clinics? How do they communicate with program managers and committees?
- How do we monitor branch clinic infection control training?
- How involved is the MTF engineer in branch clinic facilities issues?
- How do we provide contract and agreement negotiations support to the branch clinics?

B-3: Strategic Goal III: Technology (“*Maximize Mission Accomplishment.*”)

- How do we ensure that branch clinic personnel are aware of, and properly use available information management systems?

B-4: Strategic Goal V: Health Benefit (“*A Uniform Benefit.*”)

- How do we routinely monitor customer service and satisfaction at our branch clinics?
- How do we ensure a uniform performance of medication processes between the hospital or main clinic and the branch clinics?
- Does a qualified Pharmacist supervise and review all pharmacies filling fewer than 5,000 prescriptions per year? How do these reviews improve medication processes?
- How do we ensure a uniform performance of care between the hospital or main clinic and the branch clinics?
- How do we ensure proper medical record maintenance? Do we provide certified technical oversight?
- Describe department/service/branch clinic-specific infection control plans, policies, and procedures. How is the yearly evaluation of those plans conducted? Describe branch clinic Infection Control Surveillance Plans. How do the branch clinics provide input to the hospital infection control plan?
- How do we provide support and redress for persons receiving medical treatment at the branch clinics?
- What management controls exist to reduce risk when branch clinic nurses perform triage functions and offer phone advice?
- What coordination exists between the hospital or main clinic and branch clinic wellness and health promotion programs?
- How do we monitor and measure the effectiveness and appropriateness of branch clinic consultation and referral processes?

Chapter 13: Internal Communications

A review of internal communications and information systems.

Section A: Executive Steering Council Review

A-1: Strategic Goal II - People (“*Our Most Important Resource.*”)

- How did we determine lines of communication within our organization? How do we monitor, evaluate, and plan improvements in internal communications?
- How do we ensure open lines of communication within and among our facilities?
- How do we ensure staff access to pertinent information? Do we have a standardized method of disseminating appropriate data and information?
- How do we communicate ESC actions and decisions to the staff? Demonstrate that this communication is timely and efficient.
- How do we monitor the effectiveness of various program and administrative managers' communications and interactions with the staff? How do we communicate with them?
- How do personnel communicate beneficial suggestions and ideas for performance and process improvements? How do we reply to their suggestions?
- How do we know that written command directives, guidelines, and publications reflect current policy and regulations? Are they readily available to the staff?

A-2: Strategic Goal III - Technology (“*Maximize Mission Accomplishment.*”)

- Describe various command communications media and information systems. Discuss our needs assessment, planning, and evaluation processes as they relate to these media and systems.
- How do we assess command knowledge-based information needs? Describe our plan to meet these needs.
- How do we integrate information from off-site clinics?
- Describe our policies governing the use of electronic mail. How do we monitor the effectiveness of these policies? What factors hinder e-mail connectivity within the command and how do we plan to overcome them?
- How do we monitor and evaluate Professional Library and Health Information Services use? Discuss plans for resource and information distribution improvements. How do library and health

information service goals relate to the Information Management/Information Technology (IM/IT) plan?

- How do we know that personnel receive appropriate information systems and information management training?

Section B: Department Head, Supervisor, LCPO, LPO, and Program Manager Review

NOTE: The "◆" bullet denotes items for special consideration by Program Managers and/or committee members.

B-1: Strategic Goal II - People ("Our Most Important Resource.")

- How did we determine the flow of information within our department? How do we ensure adequate inter- and intra-departmental communications?
- Describe a situation that demonstrates ESC responsiveness to our needs or suggestions.
- How do we ensure open lines of communication?
- How do we ensure staff access to pertinent information? Do we have a standardized method for disseminating appropriate data and information?
- How do we receive word of ESC actions and decisions? Demonstrate that this communication is timely and efficient.
- How do we communicate and interact with the various program and administrative managers? How do we disseminate program and administrative information and changes?
- How do ancillary and clinical departments communicate their needs to command leaders and managers?
- Describe our process for managing various special request chits. How do we ensure timely responses to these requests?
- How do personnel submit beneficial suggestions and ideas for performance and process improvements? How do we monitor replies to their suggestions?
- How do we communicate the contents and requirements of written command directives, publications, and guidelines? Are they readily available to the staff?
- Do Standard Operating Procedures (SOP) manuals address all aspects of care and administrative functions? Are they current, appropriately reviewed and approved, and readily accessible?
- How do we, as Program Managers and committee members, communicate and interact with command leaders, managers, supervisors, and health care staffs?

B-2: Strategic Goal III - Technology (“Maximize Mission Accomplishment.”)

- Describe various command communications media. Provide an example of an improvement in internal communications.
- Describe various command information systems. How do we know that personnel receive appropriate information systems and information management training? Discuss contingencies for system failures.
- How do we assess department knowledge-based information needs? How do we communicate those needs?
- Describe electronic mail policies and procedures. How does it enhance internal communications?
- Describe Professional Library and Health Information Services resources. How do we provide input for these functions?
- ◆ How do we determine Professional Library and Health Information Services resources? How do we monitor use of these resources? How do we identify improvement opportunities?
- ◆ How do we accomplish information management linkages among important patient care and organizational functions?

Section C: Healthcare Provider and Clinical Support Staff Review

C-1: Strategic Goal II - People (“Our Most Important Resource.”)

- Describe a situation that demonstrates ESC responsiveness to our needs or suggestions.
- How do we receive word of ESC actions and decisions? Is this communication timely and efficient?
- Describe the process for special request chit submission and approval. Do we routinely receive timely responses to our requests?
- How do we submit beneficial suggestions and ideas for performance and process improvements? How do we receive replies to our suggestions?
- Do Standard Operating Procedures (SOP) manuals address all aspects of care and administrative functions? Are they current, approved, and readily accessible? How do we update SOP manuals?

C-2: Strategic Goal III - Technology (“Maximize Mission Accomplishment”)

- Describe various command communications media. Provide an example of an improvement in internal communications.
- Describe various command information systems. Discuss contingencies for system failures.
- Describe electronic mail policies and procedures. How does e-mail enhance internal communications?

- Describe Professional Library and Health Information Services resources. How do we provide input for and use these functions?

Chapter 14: Access to External Info

A review of information distribution processes and Internet connectivity.

Section A: Executive Steering Council Review

A-1: Strategic Goal II - People (“Our Most Important Resource.”)

- Demonstrate that we provide our managers, supervisors, and clinical and support staffs adequate access to appropriate external information.

A-2: Strategic Goal III – Technology (“Maximize Mission Accomplishment.”)

- How do we know that direct and contracted management information services meet command and staff informational, educational, and research needs?
- How do we evaluate support received from external management information organizations (e.g., Naval Medical Information Management Centers (NMIMCs) and their detachments, the Healthcare Support Office (HSO), etc.)?
- Describe command processes for obtaining and using comparative data to evaluate and improve overall performance.
- How did we determine the degree of command Worldwide Web (WWW) and e-mail connectivity?

A-3: Strategic Goal V – Health Benefit (“A Uniform Benefit.”)

- How do we use external information sources to anticipate customer needs and monitor customer satisfaction?

Section B: Department Head, Supervisor, LCPO, LPO, and Program Manager Review

NOTE: The “◆” bullet denotes items for special consideration by Program Managers and/or committee members.

B-1: Strategic Goal II - People (“Our Most Important Resource.”)

- Demonstrate that the staff can adequately access appropriate external information. How often do we view the Surgeon General's SITREP and the Force Master Chief Report?

- How does the command provide information sources to: assist health care professionals in acquiring and maintaining the knowledge and skills needed for patient care; support clinical and management decision-making and performance improvement actions; satisfy research-related need; and educate patients and family members?
- How do we ensure that regulatory publications and other pertinent reference materials are current and readily available to the staff?
- What impact has the presence of a professional library had on staff abilities and patient care?

B-2: Strategic Goal III - Technology (“*Maximize Mission Accomplishment.*”)

- How did we determine the degree of department WWW and e-mail connectivity?
- How did we determine the technology needed for our staff to access necessary external information?
 - ◆ Do we receive timely support from external management information organizations (e.g., NMIMCs and their detachments, the HSO, etc.)?

B-3: Strategic Goal V – Health Benefit (“*A Uniform Benefit.*”)

- How do we use external information sources to anticipate customer needs and monitor customer satisfaction?

Section C: Healthcare Provider and Clinical Support Staff Review

C-1: Strategic Goal II – People (“*Our Most Important Resource.*”)

- Describe the external information sources that we can access. Do we consider this access adequate? How often do we view the Surgeon General’s SITREP and the Force Master Chief Report?
- What impact has the presence of a professional library had on our abilities and on patient care?
- Where would we find regulatory publications, written directives/guidelines, and other pertinent references?

C-2: Strategic Goal III - Technology (“*Maximize Mission Accomplishment.*”)

- Do we have access to the WWW and e-mail appropriate to our job scope and requirements?

C-3: Strategic Goal V – Health Benefit (“*A Uniform Benefit.*”)

- What external information sources help us to anticipate customer needs and monitor customer satisfaction?

Chapter 15: Equipment and Materiel Management

A review of equipment and material management programs, resource optimization, and the procurement process.

Section A: Executive Steering Council Review

A-1: Strategic Goal III - Technology (“Maximize Mission Accomplishment.”)

- Describe how external customer concerns influence our technology procurement plan.
- Describe command policies for evaluating, acquiring, and monitoring current technology.
- How do we measure our progress in meeting Navy Medicine’s strategic goals for technology?
- How do we use technology to measure and improve patient satisfaction and quality of care? What data sources do we use? How do we apply procedural data to command actions, plans, and policies?
- How can we be sure that we have adequately planned for the procurement of new and emerging technology? How do we determine the most cost-effective means of obtaining high technology patient care equipment?
- How did we formulate our Information Management/Information Technology (IM/IT) Plan? How do we prioritize requirements and authorize their acquisition?
- How do we know that information technology is available to those who need it when they need it?

A-2: Strategic Goal IV - Stewardship (“Optimal Resource Management.”)

- How are Military Treatment Facility (MTF) Optimization (formally Resource Sharing/Resource Support) opportunities identified? Describe our process for determining their cost effectiveness. Explain the process for developing proposals to the Managed Care Support Contractor (MCSC).
- What plans do we have to improve the delivery of healthcare through use of additional resource sharing agreements?
- “Why” and “when” do we use health care service contracts in lieu of other human resource sharing alternatives? What evidence do we have that these contracts are appropriate and cost-effective? Can we demonstrate improvements in patient care resulting from these contracts?
- How do we monitor and evaluate the command’s procurement process? What actions have we taken to ensure internal customer satisfaction with the procurement process?

- How do we monitor and measure the success of and satisfaction with our Equipment and Property Management Programs? How do we monitor the success of our minor and capital equipment procurement plans? Demonstrate how these programs enhanced patient care.
- How do we monitor missing, lost, stolen, and recovered (MLSR) equipment items? How do current losses compare with those of previous years?
- How do we evaluate supply and material contracting operations? How do they support effective and efficient business and clinical practices?
- Demonstrate how we reduced materiel costs through inventory reduction and standardization initiatives.
- How do we monitor and evaluate mailroom operations?

Section B: Department Head, Supervisor, LCPO, LPO, and Program Manager Review

NOTE: The “◆” bullet denotes items for special consideration by Program Managers and/or committee members.

B-1: Strategic Goal III - Technology (“Maximize Mission Accomplishment.”)

- Provide an example of how technology enhances staff productivity.
- How do we monitor and evaluate new and emerging technology? How do we communicate our technology needs?
- How did we determine our department’s Information Management/Information Technology (IM/IT) needs? Do we have sufficient computer hardware and software resources?
- How do our information management systems and processes support continuity among the assessment and diagnosis, planning, treatment, and follow-up phases of patient care?
- Describe how IM/IT personnel interact with us to enhance department performance.
- How do we know that information technology is available to those who need it when they need it?
- How do we know that lasers, radiation, and electrical equipment are properly maintained and used safely?
- ◆ Discuss IM/IT life cycle management.
- ◆ Demonstrate IM/IT collaboration among clinical and administrative staffs.

B-2: Strategic Goal IV - Stewardship (“Optimal Resource Management.”)

- How do we monitor the appropriateness and quality of contracted services?

- Describe the functions of the Contracting Officer's Representatives/Liaisons (COR). Describe our interactions with them.
- Describe the department's procurement process from request preparation to materiel receipt. How do we resolve issues with the purchasing staff?
- What initiatives have we implemented to ensure efficient and effective acquisition strategies? Demonstrate how these strategies have reduced materiel costs.
- Describe the Government Purchase Card Program as it relates to our department. Who is our Cardholder and Certifying Official? Who is the command's Purchase Card Agency Program Coordinator?
- Describe departmental material receiving, issuing, storage, and inventory activities.
- Describe departmental physical inventory procedures.
- How does the Materiel Management staff inform us of products standardized for use within the command? What input do we have in the command's product standardization process?
- How do we identify, segregate, and turn-in recalled or suspended products?
- Describe Equipment and Property Management Program requirements and procedures. How do we know that we can account for all department property and equipment? What controls exist to reduce the loss and/or theft of department property?
- Describe Equipment Maintenance Program requirements and procedures. How do we monitor recurring operator and scheduled preventive maintenance on medical equipment? How do we obtain unscheduled corrective maintenance services?
- How do we manage equipment and property loans to patients and staff? How do we ensure appropriate use and maintenance training? How do we track property returns?
- How do we monitor performance under vendor maintenance and service contracts?
- How do we report missing, lost, and/or stolen property?
- Does the mailroom meet operational and patient needs?
- Describe procedures for requesting/obtaining vehicles to support department operations.
- ◆ Describe the approval process for locally and centrally funded health care service contracts. Demonstrate how this process encourages interdisciplinary input. How do you ensure that approval/denial is timely enough to prevent a delay in needed services?
- ◆ How do we monitor personal and non-personal services contracts?
- ◆ Describe the process used to fund, solicit, award, monitor, and report on health services contracts. How do we know that our data is accurate?
- ◆ Describe Contracting Officer's Representative (COR) training requirements. How can we prove completion of this training?

- ◆ Describe the procurement process from request preparation to customer receipt. What management controls exist within the process to enhance efficiency and minimize misuse? How do we know that this process is effective?
- ◆ Demonstrate how inventory reduction and standardization initiatives have reduced material costs.
- ◆ Describe the command's Government Purchase Card Program. How do we monitor compliance with program requirements and procedures?
- ◆ How do we prepare for a Procurement Management Review (PMR)?
- ◆ Describe internal controls for the Prime Vendor Program. Illustrate how they ensure effective program management and contractor compliance with requirements.
- ◆ Describe command material receiving, issuing, storage, and inventory functions. How do we monitor the efficiency and effectiveness of these functions?
- ◆ Describe security requirements for materiel in warehouse receiving and stowage areas.
- ◆ Describe the process for identifying, controlling, and tracking materiel discrepancies.
- ◆ Describe command physical inventory processes and procedures. How do we reconcile the command property inventory with official Authorized Accounting Activity (AAA) records?
- ◆ Describe our command's product standardization process.
- ◆ Describe the process for identifying, segregating, and collecting recalled or suspended products. How do we inform all users of such actions?
- ◆ Describe the elements of the Equipment and Property Management Program. Include descriptions of equipment receipt, redistribution, transfer, and disposal processes. How do we know that we can account for all command property and equipment?
- ◆ Describe the elements of the Equipment Maintenance Program. What initiatives have we implemented to improve equipment maintainability posture and reduce operating and replacement costs? How do we establish criteria for, and identify medical equipment included in our maintenance program? How do we ensure performance of all preventive maintenance?
- ◆ How do we know that repair technicians and equipment operators received adequate operations, maintenance, and safety training?
- ◆ How do we monitor and maintain patient home care equipment?
- ◆ Demonstrate how repair productivity reports apply to equipment replacement decisions.
- ◆ How do we inventory and monitor use of repair parts?
- ◆ How do we establish and monitor vendor maintenance service contracts?
- ◆ How do we maintain Class III and IV property?

- ◆ Describe the process for determining minor and capital equipment requirements. How do we develop procurement execution plan for these assets? How do we know that these processes are effective? How do we know that we have appropriate documentation?
- ◆ Demonstrate how the redistribution of command property, both internally and externally, has reduced fund expenditures.
- ◆ Describe the Missing, Lost, Stolen, and Recovered Property (MLSR) Program. What procedures have we implemented to reduce losses and increase recovered items?
- ◆ Describe material contracting operations. How do we monitor process efficiency, effectiveness, and compliance with regulations?
- ◆ Describe official and personal mail handling requirements. How do we monitor mailroom procedures? What cost-saving measures have we implemented? How do we monitor the use of alternative or non-U.S. Postal Service (USPS) mail and delivery services (e.g., directory mail, supplemental and overnight/express postal services? How do we ensure that mail is safeguarded from pick-up to delivery?
- ◆ Describe the process for assigning Mail Orderlies.
- ◆ How do we ensure an adequate number of vehicles to support the command's mission?

Section C: Healthcare Provider and Clinical Support Staff Review

C-1: Strategic Goal III - Technology (“Maximize Mission Accomplishment.”)

- Provide an example of how technology enhances our productivity.
- How do we learn of new and emerging technology? What role do we play in assessing that technology? How do we communicate our technology needs?
- What role did we play in determining our department's information management/information technology (IM/IT) needs? Do we have sufficient computer hardware and software resources?
- How do our information management systems and processes support continuity among the assessment and diagnosis, planning, treatment, and follow-up phases of patient care?
- Describe our involvement in the procurement, utilization, evaluation, and replacement of medical and medical information technology. What new technology was recently added to our health care system?
- How do we know that lasers, radiation, and electrical equipment are properly maintained and used safely?

C-2: Strategic Goal IV - Stewardship (“Optimal Resource Management.”)

- How do we determine and acquire materiel resources?
- How do we identify, report, and track materiel discrepancies?

- How does the Materiel Management staff inform us of products standardized for use within the command? What input do we have in the command's product standardization process?
- How do we identify, segregate, and return recalled or suspended products.
- How, if at all, do we order supplies and materials via the Government Purchase Card Program? Identify our department Cardholder and Certifying Official.
- What is our role in the Equipment Management Program? How do we assist in accounting for all department property and equipment?
- Describe equipment receipt, redistribution, transfer, and disposal procedures.
- Identify items included in the Equipment Maintenance Program. How do we ensure performance of operator and preventive maintenance? How do we request corrective maintenance?
- What training have we received regarding equipment operation and maintenance?
- How do we monitor maintenance of patient home care equipment before and after issuance?
- How do we request service under vendor maintenance and service contracts?
- How do we manage equipment and property loans to patients and staff? How do we ensure appropriate use and maintenance training? How do we track property return?
- How do we report missing, lost, and/or stolen equipment items?
- Describe our role in determining minor and capital equipment requirements.
- Describe official and personal mail handling procedures. When do we use alternative or non-USPS mail and delivery services (e.g., directory mail, supplemental and overnight/express postal services? How do we safeguard mail before delivery to addressees?

Chapter 16:Occupational Safety & Health

A review of the Occupational Medicine Department and safety programs and concerns.

Section A: Executive Steering Council Review

A-1: Strategic Goal I – Readiness (“Fit to Fight.”)

- Describe how we collaborated with Navy Occupational Safety and Health (NAVOSH), line, and civilian organizations to plan and monitor the Occupational Safety and Health (OSH) program.
- Describe how we obtain multi-disciplinary input into policies and procedures for creating an environmentally safe work place.
- Describe the key indicators used to monitor the Safety Management Program. How do they assist us in analyzing program effectiveness?

A-2: Strategic Goal II - People (“Our Most Important Resource.”)

- How do we ensure that all Claimancy 18 contracts contain all mandated Occupational Safety and Health Association (OSHA), Centers for Disease Control (CDC), and Department of Defense (DoD) occupational protections for contract employees?
- How did we develop our civilian Human Immunodeficiency Virus (HIV) testing policy?
- How do we plan to reduce the risk of personnel latex allergies?
- How do we monitor compliance with safety training requirements and needs?

A-3: Strategic Goal IV - Stewardship (“Optimal Resource Management.”)

- How do we apply technology to our OSH and Infection Control Programs? What data systems do we use to monitor and evaluate OSH programs?
- Describe existing Interservice Support Agreements (ISSAs) as they relate to environmental health issues.
- How do we know that we manage medical waste per Naval directives, and applicable state and local regulations?
- What evidence do we have that indicates adequate command support for the infectious, bio-hazardous, and hazardous waste management plans?

A-4: Strategic Goal V - Health Benefit (“A Uniform Benefit.”)

- What evidence do we have that our OSH program is comprehensive, integrated, and effective? How did we make this determination?
- How do we use occupational injury/illness reports to plan and improve organizational services?

Section B: Department Head, Supervisor, LCPO, LPO, and Program Manager Review

NOTE: The “◆” bullet denotes items for special consideration by Program Managers and/or committee members.

B-1: Strategic Goal I - Readiness (“Fit to Fight.”)

- How do we obtain and provide input for development of policies and procedures to create an environmentally safe work place?
- Describe the process for collecting and analyzing information related to the Safety Management Program. How do we communicate summaries/recommendations to appropriate committees and the staff and ensure documented follow-up actions?
- How do we assist line activities in rehabilitating Cumulative Trauma Disease (CTD) cases? How do we assist them with limited/light duty cases?
- Describe procedures for conducting the semi-annual (patient care areas) and annual (other areas) safety surveys. How have these surveys improved patient care and safety?
- Describe a situation that illustrates our efforts in improving environmental safety.
- Describe our process for continual collection and analysis of Safety Program information. How do we apply this information to improve department/service performance?
- ◆ How do we know that our CTD monitoring and training programs are effective?
- ◆ Describe the review process for infectious waste and hazardous material (HAZMAT) plan development and maintenance. How do we know that current plans are fully implemented and effective? Describe procedures for preparing and forwarding associated reports.

B-2: Strategic Goal II - People (“Our Most Important Resource.”)

- Describe the elements of our Employee Health Program. What risk assessments do we complete before developing screening and monitoring protocols?
- How do we ensure that healthcare contract personnel comply with OSHA regulations?
- How do we implement and support injury prevention programs? What training did we receive on injury compensation laws and policies?

- Describe how we maintain, report, and post “Occupational Injuries and Illnesses” for on and off-duty military, and on-duty civilian personnel.
- Describe procedures for ensuring timely reporting and resolution of unsafe and life threatening situations.
- How do we manage work-related injuries/illnesses? What controls exist to ensure that all occupationally injured or ill employees report to the Medical Treatment Facility (MTF) with a supervisor-signed dispensary permit?
- Describe civilian HIV testing policy. How do we ensure understanding and compliance?
- Do we provide latex allergies training to health care workers? How do we refer workers with potential latex allergies for evaluation? How do we report documented latex allergies to the Safety and Risk Managers?
- Describe our interactions with the Safety Manager. How has this interaction improved safety performance and enhanced communication of safety concerns?
- How do we know that our staff has received adequate safety training? How do we monitor staff attendance/completion of mandatory safety training?
- How do we verify reporting and detaching civilian personnel placement in appropriate required OH programs?
- Who ensures compliance with tuberculosis (TB) regulations for contract workers potentially exposed to the disease?
- Describe the training needed to properly handle and dispose of infectious, bio-hazardous, and hazardous waste materials.
- How do we monitor staff adherence to infection control policies and procedures?
 - ◆ How do we know that OH/Occupational Medicine (OM) staffing meets guidelines?
 - ◆ How do we ensure completion of all safety training requirements? How do we monitor personnel attendance/completion of mandatory safety training? How does the current completed training level compare with previous years?
 - ◆ What criteria do we use to remove employees from work involving lead? How did we determine these criteria?
 - ◆ Describe our staff Respiratory Protection, Asbestos Management, Personal Protective Equipment, Laser Safety, and Ergonomic plans/programs.
 - ◆ What mechanism exists to identify persons at a higher risk for exposure to infectious diseases and bloodborne pathogens? How do we ensure that these persons receive required training?
 - ◆ Describe the training provided to individuals performing spirometry. Have they attended the Naval Inspector for Occupational Safety and Health (NIOSH)-approved course?

B-3: Strategic Goal IV - Stewardship (“Optimal Resource Management.”)

- Describe the HAZMAT plan as it relates to our department. How do we identify hazardous materials?
- Describe the contents of Material Safety Data Sheets (MSDS). How do we know that they are current and readily accessible?
- How do we know that we manage infectious, medical, bio-hazardous, and hazardous waste per command plans? How do we assist in developing and maintaining these plans?
- Describe clean-up procedures for oil and hazardous materials.
- How do we know that our medical equipment is safe to use?
- Describe the process for conducting semi-annual occupational health and safety surveys. How have these surveys enhanced departmental safety?
- How do we identify, segregate, and transfer recalled or suspended products?
- Describe Electrical Safety Program policies and procedures.
- Describe mercury control safety measures.
- How do we inspect and evaluate custodial services?
- How do we manage linen issues and exchanges?
- How do we ensure an environment free from physical hazards?
- ◆ How did we determine Occupational Health (OH) program funding requirements? How did we communicate them to leadership?
- ◆ Have we obtained Navy Environmental Health Center (NEHC) radiographic equipment and techniques certifications?
- ◆ How do we ensure that spirometry equipment meets specifications? How do we ensure preventive maintenance performance?
- ◆ What is OH involvement in writing and reviewing service contracts?
- ◆ How do we ensure that required OM/Preventive Medicine (PM) services take precedence over non-mandated services?
- ◆ What data systems do we access to monitor and evaluate OSH programs? What other data systems would be helpful to our programs?
- ◆ Describe the review process to develop and maintain current infectious, medical, bio-hazardous, and hazardous waste plans. What evidence do we have that the plan is fully implemented and effective?
- ◆ What, if any, notices of infectious or hazardous materials waste violations have we received? Describe corrective actions and procedural changes resulting from these notices.

- ◆ Describe the Environmental Compliance Evaluation process. What actions have resulted from the process?
- ◆ Describe our documentation process for equipment safety testing. How do we inform the staff of schedule safety testing and results of that testing? Describe the process for reviewing proposed equipment acquisitions to identify safety issues.
- ◆ How do we ensure the safety of our water supply?
- ◆ Describe our Electrical Safety Program. How do we monitor procedural compliance?
- ◆ Describe mercury control safety measures. How do we know that they are current and within standards? Demonstrate that future renovations consider mercury control precautions.

B-4: Strategic Goal V - Health Benefit (“A Uniform Benefit.”)

- Describe the process for ensuring multi-disciplinary resolution of identified trends in occupational injuries or illnesses.
- Describe how OH nurses and physicians assist in managing lost time injury cases. How do we know that this improves employee health and productivity?
- How does the Industrial Hygiene Exposure Assessment determine medical surveillance placement? How do physical assessments relate to stress-specific examinations? How do we ensure continuity of care based on individual need?
- What is OH's role in evaluating occupational reproductive hazards? What data or trends do we evaluate? How do we counsel personnel on such hazards? How do we ensure that pregnant women receive an OH evaluation and consultation?
- Describe liaison efforts with the OH/PM staffs. How does this coordination facilitate receipt of OH/PM services?
- Demonstrate that all Summary of Care forms list enrollment and termination dates of appropriate OH programs. Do these dates appear on the outside of medical records?
- How do we know that occupationally injured persons can easily access evaluation and follow-up treatment?
- Describe facility and department isolation procedures. How do we assess staff adherence to isolation protocols?
- ◆ What is the OSH Department's role in the Health Promotion Program? How do we know that the OSH staff is aware of community and command resources for health promotion referrals?
- ◆ Describe our Asbestos Medical Surveillance Program. Include a description of the criteria used to determine the likelihood of exposures. What controls exist to ensure medical evaluation and follow-up for personnel involved in an exposure incident? How do we ensure program and exposure control plan compliance with current directives and regulations? How do we adjust the exposure plan to match differing exposure levels? Demonstrate that medical records include all required x-rays, and that those with positive surveillance findings receive appropriate counseling. How do we ensure the confidentiality of source testing? How do we use exposure reports to improve health care processes?

- ◆ Describe our Hearing Conservation Program. How do we determine compliance with regulations? Include a description of the referral process for areas without an on-site audiologist and of criteria used to determine audiogram requirements. What controls exist to ensure notification of those with significant threshold shifts within 21 days?
- ◆ How do we ensure that a laboratory participating in the CDC proficiency-testing program conducts blood lead analyses?
- ◆ How do we know that occupationally injured persons can easily obtain evaluation and follow-up services?
- ◆ How do we identify clusters of employees with similar symptoms of illness? How do we know that this process is effective?
- ◆ How do we ensure management of OH medical records by one records administrator?
- ◆ Describe controls used to ensure conduct of six stress-specific and special examinations mentioned in OPNAVINST 5100.23 and the NEHC Technical Manual.
- ◆ Describe the components of our Respirator User Certification (RUC) Program. How do we ensure compliance with directives and regulations? How do we ensure completion of initial and recall evaluations for RUC enrolled individuals? Demonstrate that medical statements appropriately note individual qualifications for respirator use.
- ◆ Describe our Tuberculosis Exposure Control Program. How do we know that it is effective? How do we notify local and state public health officials of tuberculosis (TB) exposures? Describe the staff Purified Protein Derivative (PPD) screening program. Demonstrate appropriate medical record documentation. Describe the follow-up process for PPD converters.
- ◆ Describe our written Blood-Borne Pathogen Exposure Control Plan. How do we know that it meets OSHA requirements? How often do we review it?
- ◆ How do we monitor medical surveillance programs?

Section C: Healthcare Provider and Clinical Support Staff Review

C-1: Strategic Goal I - Readiness (“Fit to Fight.”)

- How do we assist line activities in rehabilitating CTD cases? How do we assist them with limited/light duty cases?

C-2: Strategic Goal II – People (“Our Most Important Resource.”)

- Describe the elements of our Employee Health Program. Which elements apply to us?
- How do we support injury prevention programs? What training did we receive on injury compensation laws and policies?
- Describe procedures for ensuring timely reporting and resolution of unsafe and life threatening situations.

- How do we report work-related injuries/illnesses? How do we use these reports to enhance staff safety and improve department performance?
- Describe the civilian HIV testing policy.
- What type of latex allergy training have we received? How do we obtain an evaluation for a potential latex allergy?
- Who is the Safety Manager? How do we interact with the safety staff to improve safety performance and enhance communication of safety concerns?
- How does the command provide safety training? How do we know of, and ensure our attendance at or completion of mandatory and special safety training requirements?
- How do we obtain evaluation and treatment for occupational injuries or illnesses?
- How do the staff Respiratory Protection, Asbestos Management, Personal Protective Equipment, and Ergonomic plans/programs apply to us? Describe program requirements and procedures.
- Describe needles and sharps handling procedures. How do we report needle/sharps sticks? Describe the action protocol following a sharp or needle stick injury.
- What training have we received to properly handle and dispose of infectious, bio-hazardous, and hazardous waste materials?

C-3: Strategic Goal IV – Stewardship (“Optimal Resource Management.”)

- Describe the HAZMAT plan as it relates to our department. How do we identify hazardous materials?
- Describe the contents of Material Safety Data Sheets (MSDSs). Where would we find them? How do we use them?
- Describe the primary means of infectious waste disposal. Do we have an alternative means of disposal?
- Describe how medical equipment is assessed, evaluated, maintained, and repaired to control the clinical and physical risks inherent in electrically powered equipment.
- Describe mercury control safety measures.
- Demonstrate that temperature gauges on dialysis equipment contain operational visual and auditory signals.
- How do we identify, report, segregate, and transfer recalled or suspended products, or devices that cause death and/or serious illness/injury?
- Describe procedures for identifying, documenting, and reporting equipment problems, failures, and operator errors that adversely affect patient safety and/or quality of care.
- Describe linen handling and exchange procedures.

C-4: Strategic Goal V - Health Benefit (“A Uniform Benefit.”)

- What mechanisms are in place within the department to support OSH programs? How do we evaluate their effectiveness?
- How does the OH/PM staff assist us in identifying, evaluating, and monitoring of occupational injuries and illnesses?
- What is our role in the Hearing Conservation Program?
- How do we assist OH nurses and physicians in managing lost time injury cases? How do we know that this improves employee health and productivity?
- How does the Industrial Hygiene Exposure Assessment determine medical surveillance placement? How do physical assessments relate to stress-specific examinations? How do we ensure continuity of care based on individual need?
- How would we obtain counseling about occupational reproductive hazards? How do we refer pregnant workers for an OH evaluation of potential hazards?
- What is our role in the Respirator User Certification (RUC) Program? How do we know if a member of our staff is enrolled in the program?
- What is our role in the TB Exposure Control Program? How do we know that we are following the TB Exposure Plan? How do we receive PPD screenings? What is the follow-up procedure for PPD converters?
- Describe the referral process for abnormal spirometry readings. How do we know that it is effective?
- Demonstrate that all Summary of Care forms list enrollment and termination dates of appropriate OH programs. Do these dates appear on the outside of medical records?
- How do we train home health care patients to safely use their medical equipment?
- Describe facility and department isolation procedures.

Chapter 17:Environment of Care

A review of facilities, life and traffic safety, utilities, disaster preparedness, and physical security programs and concerns.

Section A: Executive Steering Council Review

A-1: Strategic Goal II - Readiness (“Fit to Fight.”)

- What leads us to believe that our Internal and External Disaster Preparedness Plans are comprehensive, current, and well advertised? How do we validate the assumptions upon which these plans are based?
- Describe the sequence of events activated during a catastrophic natural disaster, such as a hurricane.

A-2: Strategic Goal II - Stewardship (“Optimal Resource Management.”)

- How do we monitor attainment of Environmental Plan and Natural Resource Management Program goals? Describe changes resulting from program review and survey reports.
- How did we establish, and how do we monitor our Energy Conservation, Utilities, Facilities, Life Safety, and Civil Engineer Support Equipment (CESE) Equipment Management plans and programs? How does our Energy Audit Report compare to CNO energy conservation goals?
- How often do we review our Statement of Conditions? How do we know that it is comprehensive, current, complete, and readily available?
- Describe how we comply with the Basic Exterior Architecture Plan (BEAP).
- How do we evaluate the effectiveness of the Maintenance Action and Long Range Maintenance Plans (MAP and LRMP)?
- Describe our process for developing and monitoring a current and all-inclusive Facility Special Project Program and Basic Facility Requirement (BFR).
- Describe our process for ensuring that the Annual Inspection Summary (AIS) is current, reflects appropriate activity, and addresses all deficiencies. Describe the relationships between the Facility Special Project Program, the AIS, MAP, and LRMP.
- Describe changes to the Environmental Protection and Natural Resources Program resulting from review and monitoring activity.
- How do we monitor and evaluate the Ozone Depleting Substance (ODS), Waste Management, Installation Restoration, Underground Storage Tank/Above Ground Storage Tank (UST and AST), Pest Management, and Historic Preservation Programs?

- Describe how command organization supports the Physical Security Program. How do we assess program effectiveness?
- How do we monitor and measure the success and satisfaction of the Bio-Medical Engineering and Maintenance Program?
- How do we monitor the effectiveness of our Traffic Safety Program?

Section B: Department Head, Supervisor, LCPO, LPO and Program Manager Review

NOTE: The “◆” bullet denotes items for special consideration by Program Managers and/or committee members.

B-1: Strategic Goal II - Readiness (“Fit to Fight.”)

- Describe our department’s Fire Plan. How do we ensure appropriate staff performance during drills and actual emergencies?
- Describe the Internal and External Disaster Preparedness Plans. What is our department’s role in both plans?
- How do we conduct fire drills? Do we cover all shifts? How do we monitor, evaluate, and document staff fire drill participation performance. How do we correct deficiencies?
- Describe the process for reviewing supply and equipment purchase proposals for fire safety issues.
- Describe the command’s Disaster Preparedness Plan. What lessons have we learned from evaluating plan activities? How often do we review the plan?

B-2: Strategic Goal II - Stewardship (“Optimal Resource Management.”)

- Describe our command’s Statement of Conditions. Do we have access to it? How do we provide input for inclusion in the Statement?
- How do we ensure that all personnel are fully trained, indoctrinated and updated on all aspects of the Utilities, Facilities, Life Safety, and Civil Engineer Support Equipment (CESE) Management Programs?
- How often do we interact with the Utilities, Facilities, Life Safety, and CESE Equipment managers? How do we receive and distribute information to our staff on program requirements, procedures, and projects? How do we support these programs?
- How do we collect, review, and track service calls and work requests?
- Describe the process for inspecting, testing, and maintaining life safety equipment. How do we identify, document, and institute interim life safety measures?

- Provide an example of how maintenance, repair, and construction contracts meet our needs, enhance department performance, and improve access to and delivery of care.
- Do utility systems meet our needs? Are repairs accomplished in a timely and minimally disruptive manner?
- Describe the benefits of the ODS, Waste Management, Installation Restoration, UST/AST, Pest Management, and Historic Preservation Programs.
- Describe the elements of the Physical Security and Loss Prevention Plans. How do they affect the staff?
- Describe lock and key security measures. How do you know that they function as intended?
- What is our role in the Bio-Medical Engineering and Maintenance Program? How do we ensure staff awareness of program requirements and procedures?
- How do we ensure that all personnel are fully trained, indoctrinated, and updated on all aspects of the Traffic Safety Program? Describe our interactions with the Traffic Safety Program Manager.
- ◆ Describe our Environmental Plan and Natural Resources Management Program. How do we monitor adherence to program requirements?
- ◆ Describe how the Utilities, Facilities, Life Safety, and Civil Engineer Support Equipment (CESE) Managers interact with command components and members. How do they interact with other commands and agencies? Provide an example of how this interaction is mutually beneficial?
- ◆ Describe how the seven Environment of Care program managers share and distribute information. Is this the most effective flow of applicable information?
- ◆ Describe the process for evaluating the Utilities, Facilities, Life Safety, and CESE Equipment Management Programs. How do we distribute summaries and recommendations to appropriate committees and staff? Do we have documented follow-up actions? How does facilities and resource use align with master plan?
- ◆ Describe the command's Maintenance Action and Long Range Maintenance Plans (MAP and LRMP).
- ◆ How do we identify job orders for recurring work? How do we calculate estimates for such work?
- ◆ Describe our process for prioritizing all facilities projects (i.e., funded and unfunded, local and MILCON, etc.). How do we ensure that documentation is current and complete?
- ◆ How did we determine utility system vulnerability? Do we have written remedial plans of action?
- ◆ Describe the process for inspecting, testing, certifying, and maintaining utility systems. Do we have documentation of these actions? How do we ensure that utility system drawings are current and comprehensive?
- ◆ Describe the benefits of and actions generated by the ODS, Waste Management, Installation Restoration, UST/AST, Pest Management, and Historic Preservation Programs?

- ◆ Describe Physical Security Review Committee membership. Describe its purpose, functions, and activities.
- ◆ How do we monitor Loss Prevention Program effectiveness?
- ◆ How does the Physical Security Plan incorporate and organize resources from within and outside the command? How do we ensure procedural accuracy and adherence to requirements?
- ◆ Describe the process for evaluating the Traffic Safety Management Program. How do we distribute summaries and recommendations to appropriate committees and staff? Do we have document follow-up actions?
- ◆ How do we determine the loading of our emergency generator?

Section C: Healthcare Provider and Clinical Support Staff Review

C-1: Strategic Goal II - Readiness (“Fit to Fight.”)

- Describe our responsibilities in case of an activity fire. How do we manage patient evacuation? Who do we muster with during fire drills?
- What is our role in the Disaster Preparedness Plan?
- Describe our role during a catastrophic natural disaster, such as a hurricane.

C-2: Strategic Goal II - Stewardship (“Optimal Resource Management.”)

- What is the Statement of Conditions? Have we seen it?
- Who are the Utilities, Facilities, Life Safety, and Civil Engineer Support Equipment (CESE) Managers? Have we received indoctrination and update training on program elements and requirements?
- How are we informed of Facilities, Utilities, and CESE program requirements, procedures, and projects?
- Provide an example of how maintenance, repair, and construction contracts meet our needs, enhance department performance, and improve access to and delivery of care.
- Who is the Life Safety Program Manager? What is our role in the Life Safety Program? Are we trained for that role?
- Describe the elements of the Physical Security and Loss Prevention Plans. How do they affect daily activities?
- Describe lock and key security measures. How do you know that they function as intended?
- What is our role in the Bio-Medical Engineering and Maintenance Program?
- Who is the Traffic Safety Program Manager? What is our role in Traffic Safety Program?

Chapter 18: Special Interest Items

A review of military equal opportunity, substance abuse, performance incentive and appraisal, personnel support, security programs, and selected CNO concerns.

Section A: Executive Steering Council Review

A-1: Strategic Goal I - Readiness (“Fit to Fight.”)

- How do we monitor our Personnel Security and Security Programs? How do we monitor completion of mandatory security training requirements?
- How do we monitor classified material handling and storage?

A-2: Strategic Goal II - People (“Our Most Important Resource.”)

- How do we monitor and evaluate our military performance evaluation system? Do we apply results to leadership training?
- Do we feel confident that work assignments are based upon individual competency and managed in an equal opportunity environment? Why?
- How do we monitor military discipline and how do we apply results to prevent or reduce future difficulties? How do we know that our Legal Officer and Master-At-Arms (MAA) are qualified to manage disciplinary matters? Do we feel confident that discipline is administered in an equal opportunity environment? Why?
- How do we monitor our military Awards Program? What factors do we consider in program analysis?
- How do we monitor the effectiveness of the Command Managed Equal Opportunity (CMEQ) Program?
- How do we monitor and evaluate our military leave and Quality of Life (QOL) Programs?
- How do we monitor the effectiveness of our Substance Abuse Prevention Program? How do we know that our Drug and Alcohol Program Advisor (DAPA) and Urinalysis Program Coordinator are qualified to manage their program duties?
- How do we monitor command morale? Describe initiatives that we have chartered to enhance staff morale. How has rightsizing or re-engineering impacted morale?
- How do we evaluate the effectiveness of our Morale Welfare and Recreation (MWR), Personal Financial Management, and Sponsor programs?

- Do we feel confident that sick or injured staff members receive timely and appropriate care and treatment? Why?
- Describe our short and long-term officer and enlisted personnel retention strategies. How do we know that they are effective?
- Is staff parking adequate and equitably assigned?
- How do we evaluate the availability and adequacy of staff childcare facilities?

A-3: Strategic Goal III - Technology (“*Maximize Mission Accomplishment.*”)

- How do we evaluate the adequacy of our Automated Data Processing (ADP) Security Plan?

Section B: Department Head, Supervisor, LCPO, LPO and Program Manager Review

NOTE: The “◆” bullet denotes items for special consideration by Program Managers and/or committee members.

B-1: Strategic Goal I - Readiness (“*Fit to Fight.*”)

- How do we indoctrinate personnel on command and Navy Security Program requirements and procedures?
- How do we know that our staff possesses adequate security clearances? How do we monitor staff attendance/completion of mandatory security training?
- Describe the process for handling and storing classified material.
- ◆ How do we know that our Security Officer and Security Manager are qualified to manage their program duties and responsibilities?
- ◆ How do we ensure completion of all security training requirements? How do we monitor personnel security clearances and attendance/completion of mandatory security training? How do current levels compare with previous years?

B-2: Strategic Goal II – People (“*Our Most Important Resource.*”)

- What mechanisms are in place to ensure that performance evaluations and fitness reports are fair, equitable, not inflated, meet format requirements, and are completed in a timely manner? Do we maintain appropriate documentation?
- Demonstrate how you determine daily and collateral duty assignments.
- Who performs command Legal Officer and Master-At-Arms duties? Describe how we interact with them on disciplinary issues and matters.

- How do we administer military discipline? Demonstrate how we apply lessons learned to prevent or reduce future difficulties. How do we ensure due process and fairness in disciplinary matters?
- Describe how we administer Extra Military Instruction (EMI). How do we prevent misuse of EMI?
- Describe the types of personal and team awards included in our military and civilian awards programs.
- How do we prepare and ensure fairness in personal and team award recommendations? How do we ensure that performance and achievement serve as the basis for award recommendations?
- Describe command regular, emergency, and convalescent leave policies. How do we ensure that military personnel are aware of these policies and afforded the opportunity to take adequate periods of leave annually?
- Describe the elements of the Command Managed Equal Opportunity (CMEO) Program. What is our role in the program?
- What is our role in the command's Substance Abuse Prevention Program? Describe program procedures as they relate to that role.
- How do we monitor department morale? What do we do to enhance department morale? How do we communicate suggestions for enhancing morale?
- How do we receive information on command MWR Program activities? How do we encourage and monitor staff participation in such activities?
- What is our role in the command's Personal Financial Management Program? How do we refer staff members to the Command Financial Management Specialist(s)?
- How do we ensure that sick or injured staff members receive timely care?
- What are the command's short and long-term personnel retention goals? What do we do to support and attain those goals?
- Is staff parking adequate and equitably assigned?
- Who are our most common internal customers? How did we assess their needs? How do they provide input for possible changes to processes and services?
- ◆ What qualifies us to perform Legal Officer and Master-At-Arms (MAA) duties?
- ◆ Do we retain all Personal Award Recommendations, OPNAV 1650/1s, for command-approved awards? Provide evidence of timely forwarding of award documentation for entry into the Navy Awards Information Management System.
- ◆ Describe leave administration and control procedures. How do we know that leave is appropriately processed through the servicing Personnel Support Detachment (PSD)?

- ◆ Describe our Substance Abuse Prevention Program. How do we publish program activities, benefits, and requirements, as applicable? What qualifies us to perform DAPA and urinalysis duties? Identify DAPA reporting requirements. How do we ensure timely and accurate submissions?
- ◆ Describe the MWR and Personal Financial Management Programs. How do we publish program activities, benefits and requirements, as applicable?
- ◆ How do we manage our MWR funds? How often do we audit expenditures?
- ◆ Describe our CMC programs. How do we know that they are effective? Describe the resource allocation process for these programs.

B-3: Strategic Goal III – Technology (“Maximize Mission Accomplishment.”)

- Describe ADP Security measures as they apply to our department. How do we monitor staff compliance?
- How do we ensure protection of Privacy Act Information in ADP systems?
- Describe our ADP Security Plan. How do we monitor staff compliance with ADP security measures?

Section C: Healthcare Provider and Clinical Support Staff Review

C-1: Strategic Goal I - Readiness (“Fit to Fight.”)

- How did we receive indoctrination training on command and Navy Security Program requirements and procedures?
- How do we know that we possess an adequate security clearance? How do we know that we have attended/completed mandatory security training?
- Describe the process for handling and storing classified material.

C-2: Strategic Goal II – People (“Our Most Important Resource.”)

- Describe our department or service’s counseling and evaluation process. What mechanisms are in place to ensure that performance evaluations and fitness reports are fair, equitable, not inflated, meet format requirements, and are completed in a timely manner?
- How are departmental daily and collateral duty assignments made? How do we request special assignments?
- What is our role in military discipline matters? Do we receive information regarding military justice issues and activities? Who performs command Legal Officer and MAA duties? Describe our interactions with them.
- Describe Extra Military Instruction (EMI) policies.
- What personal and team awards are available to command military personnel? Describe their requirements and recommendation procedures.

- Describe Sailor of the Month/Quarter/Year selection criteria and nomination procedures.
- Describe military regular, emergency, and convalescent leave policies and procedures. Who approves/disapproves our leave requests?
- Who is the CMEO Program Officer? What functions do the Command Training and Command Assessment Teams perform?
- Who is the command DAPA? Who is the Urinalysis Program Coordinator? How do we seek advice and assistance on drug and alcohol prevention and treatment programs?
- What is our assessment of department and command morale? How do we communicate suggestions for enhancing morale?
- What MWR Program activities do we participate in? How do we receive information about such events?
- Name the command's Personal Financial Management Specialists. What do they do?
- Describe the command's sponsor program.
- Who is the command Ombudsman? What is the Ombudsman's role and duties?
- Describe procedures for treating or referring sick or injured staff members. How do we obtain timely care when sick or injured?
- What are the command's short and long-term personnel retention goals? Why do we want to remain a part of the command's health care team? What do we do to promote retention of our strongest performers?
- Who is the Command Career Counselor (CCC)? Name a member of the command's Career Information Team?
- Is staff parking adequate and equitably assigned?
- Who are our most common internal customers? How did we assess their needs? How do they provide input for possible changes to processes and services?

C-3: Strategic Goal III – Technology (“*Maximize Mission Accomplishment.*”)

- Describe ADP Security measures as they apply to our department. How do we ensure staff compliance?
- How do we protect Privacy Act Information in ADP systems?

Appendix A: Acronyms List

Acronym	Description
AAA	Authorized Accounting Activity
ACLS	Advanced Cardiac Life Support
ADP	Automated Data Processing
AIS	Annual Inspection Summary
AMD	Activity Manning Document
AST	Above Ground Storage Tank
ATLS	Advanced Trauma Life Support
BEAP	Basic Exterior Architecture Plan
BFR	Basic Facility Requirement
BLS	Basic Life Support
BUMED	Bureau of Medicine and Surgery
CCQAS	Centralized Credential Quality Assurance System
CDC	Centers for Disease Control
CE	Command Evaluation
CESE	Civil Engineer Support Equipment
CFC	Command Fitness Coordinator
CHCS	Composite Healthcare System
CMC	Command Master Chief
CMEO	Command Managed Equal Opportunity
COR	Contracting Officer's Representative
CTD	Cumulative Trauma Disease
DAPA	Drug and Alcohol Program Advisor
DoD	Department of Defense
ECOM/DS	Executive Committee of the Medical/Dental Staff
EDVR	Enlisted Distribution Verification Report
EEO	Equal Employment Opportunity
EFM	Exceptional Family Member
EMI	Extra Military Instruction
EMT	Emergency Medical Technician
ER	Efficiency Review
ESC	Executive Steering Council
EVOC	Emergency Vehicle Operator's Course
ETCO2	Endotracheal Carbon Dioxide
FTE	Full Time Equivalent
GME	Graduate Medical Education
HAZMAT	Hazardous Material
HEAR	Health Enrollment Assessment Review
HIV	Human Immunodeficiency Virus
HSO	Healthcare Support Office
HSR	Health Services Region
ICO	Infection Control Officer
ICP	Infection Control Practitioner
IDC	Independent Duty Corpsman
IM	Information Management
IM/IT	Information Management/Information Technology

ISSA	Interservice Support Agreement
JAG	Judge Advocate General
JCAHO	Joint Commission on Accreditation of Healthcare Organizations
LIP	Licensed Independent Practitioner
LRMP	Long Range Maintenance Plan
LSMP	Logistics Support Mobilization Plan
MAA	Master-At-Arms
MAP	Medical Augmentation Plan
MAP	Maintenance Action Plan
MCP	Management Control Program
MCSC	Managed Care Support Contractor
MEPRS	Medical Expense Performance Reporting System
MHS	Military Healthcare System
MID	Management Information Department
MMART	Medical Mobilization Augmentation Readiness Team
MOU	Memorandum(a) of Understanding
MPAS	Medical Personnel Augmentation System
MSDS	Material Safety Data Sheet
MSLRP	Missing, Lost, Stolen, Recovered Property
MTF	Military Treatment Facility
MWR	Morale, Welfare, and Recreation
NAVOSH	Naval Occupational Safety and Health
NEHC	Navy Environmental Health Center
NIOSH	Naval Inspector for Occupational Safety and Health
NMIMC	Naval Medical Information Management Center
NRC	Neonate Resuscitative Course
ODCR	Officer Distribution Control Report
ODS	Ozone Depleting Substance
OH	Occupational Health
OM	Occupational Medicine
OPTAR	Operating Target
OSH	Occupational Safety and Health
OSHA	Occupational Safety and Health Association
PALS	Pediatric Advanced Life Support
PCE	Potentially Compensable Event
PI	Performance Improvement
PM	Preventive Medicine
PMR	Procurement Management Review
POMI	Plans, Operations, and Medical Intelligence
PPD	Purified Protein Derivative
PRD	Projected Rotation Date
PSD	Personnel Support Detachment
QOL	Quality of Life
RLC	Responsible Line Commander
RLO	Reserve Liaison Officer
RM	Risk Management
RUC	Respirator User Certification
SELRES	Selected Reserves
SIQ	Sick in Quarters
SOP	Standard Operating Procedures
SPMS	Standard Personnel Management System
TB	Tuberculosis

TPC	Third Party Collections
TPL	Third Party Liaibility
TQL	Total Quality Leadership
UM	Utilization Management
USPS	U. S. Postal Service
UST	Underground Storage Tank
WWW	Worldwide Web

Appendix B: Resources List

A list of online, electronic, and hardcopy resources. Please note that this list is by no means all-inclusive and is provided merely for your convenience. Online resources are listed either by site name or sponsor, or by the information contained in them. We recommend that you “surf” these sites to become familiar with their contents and links.

Section A: Online Resources

Site/Sponsor/Contents	Web Address
Ambulatory Care Standards	//www.milliman-hmg.com
American Association for Managed Care Nurses	//www.aamcn.com
American Dental Association	//www.ada.org
American Institute of Medical Law	//www.aiml.org
American Society for Quality	//www.asq.org
Breast Cancer Awareness and Solutions Network	//www.bce.army.mil
BUMED	//support1.med.navy.mil/bumed
BUMED Inspector General	//support1.med.navy.mil/bumed/med-00ig
Bureau of Naval Personnel	//www.bupers.navy.mil
Centers for Disease Control and Prevention (CDC)	//www.cdc.gov
Civilian Personnel Management Service	//www.cpms.osd.mil
Civilian Personnel Rules, Regs, & General References	//www.hq.navy.mil/shhro
CNET	//www.cnet.navy.mil
Code of Federal Regulations (CFR)	//www.access.gpo.gov/nara/cfr/index.html
Combined Health Information Database	//www.chid.nih.gov
Composite Health Care System Program Office	//www.fhso.navy.mil
Defense Acquisition Circulars	//www.dtic.mil/contracts/dacs.html
Defense Finance and Accounting Service (DFAS)	//www.dfas.mil
Defense Supply Center Philadelphia	//www.dpsc.dla.mil
Dental Corps (Chief of the Corps)	//support1.med.navy.mil/med-06
Directives-DOD Instructions, Manuals, & Special Pubs	//www.defenselink.mil/pubs
Directives-USN (OPNAV/SECNAV)	//www.dodssp.daps.mil/usndirs.htm
DOD Forms Program (Includes OP/SECNAV forms)	//web1.whs.osd.mil/icdhome/FORM TAB.HTM
DOD Health Services Region (HSR) 3	//www.ddeamc.amedd.army.mil
DOD Health Services Region (HSR) 4	//www.hsriv.aetd.af.mil
DOD Health Services Region (HSR) 6	//www.tricaresw.whmc.af.mil
Federal Acquisition Circulars	//www.gsa.gov/FAC/FACs.html
Federal Acquisition Regulations & Supplements	//www.gsa.gov/far
Federal Supply Schedules	//www.fss.gsa.gov
FedWorld Information Network	//www.fedworld.gov
Financial Management Regulations	//www.dtic.mil/comptroller/fmr
Foundation Health Federal Services, Inc.	//www.fhfs.com
General Accounting Office	//www.gao.gov
General Services Administration	//www.gsa.gov

Government Executive	//www.govexec.com
Health Compass	//www.greeley.com
Health/Medical Internet Search Engine	www.medexplorer.com
Humana Military Healthcare Services, Inc.	//www.humana-military.com
Joint Commission on Accreditation of Healthcare Orgs.	/www.jcaho.org
Military Health System	//www.ha.osd.mil
Military Medical Support Office, Great Lakes	//www.nmimc-web1.med.navy.mil/mmso
Milliman & Robertson Healthcare Management Group	//www.milliman-hmg.com
National Fire Protection Association	//www.nfpa.org/home.html
National Institute of Dental Research	//www.nidr.hih.gov
National Partnership for Reinventing Government	//www.npr.gov
Naval Facilities Engineering Service Center	//www.nfesc.navy.mil
Naval Healthcare Support Office, Jacksonville, FL	//nhso-jax.med.navy.mil
Naval Healthcare Support Office, Norfolk, VA	//www.hsn.med.navy.mil
Naval Healthcare Support Office, San Diego, CA	//support1.med.navy.mil/hsosd
Naval Logistics Library	//www.nll.navsup.navy.mil
Naval Medical Info. Management Center (Bethesda)	//www-nmimc.med.navy.mil
Naval Safety Center	//www.norva.navy.mil/safecen
NAVMEDLOGCOM	//www-nmlc.med.navy.mil
NAVOSH Environmental Training Center	//www.norva.navy.mil/navosh
Navy Environmental Health Center, Norfolk	//www-nehc.med.navy.mil
Navy Online (Gateway to DON online resources)	//www.ncts.navy.mil/nol
Occupational Safety and Health Administration	//www.osha.gov
Office of Government-Wide Policy	//policyworks.gov
OMB Circulars	//www1.whitehouse.gov/WH/EOP/OMB
Opus Communications	//www.opuscomm.com
Per Diem Rates	//www.dtic.mil/perdiem
Publication Web Sites	//www.dlaps.hq.dla.mil/websites.htm
Standard Navy Distribution List	//www.dodssp.daps.mil/sndl.pdf
Summarized Medical Analysis Resource Tool (SMART)	//131.158.153.110/SMART/DOWNS.htm
Systematized Nomenclature-Human Medicine	//snomed.org
Total Quality Leadership Officer (DON)	//www.tql-navy.org
Travel Regulations (JFTR/JTR)	//www.perdiem.osd.mil
TRICARE Management Activity	//www.tso.osd.mil
TRICARE, Europe	//webserver.europe.tricare.osd.mil
United States Code (USC)	//law.house.gov/usc.htm
USN	//www.navy.mil
USAF Dental Investigative Service	//www.brooks.af.mil/dis
Veteran's Administration	//www.va.gov
Virtual Naval Hospital	//www.vnh.org

Section B: Electronic Media

Title	Media/Source
BUMED Directives and NAVMED Publications	CD/MED-914
BUPERS Publications/Directives	CD/NCTAMS LANT (Code N9)
Catalog of Navy Training Courses (CANTRAC)	CD/NETPDTC
Equipment Management Manual, NAVMED P-5132	CD/BUMED
Installation Planning, Design, & Management Guide (DON/E-1)	CD/NAVFAC
Naval Logistics Library, NAVSUP 600	CD/Naval Supply Systems Command
SECNAV & OPNAV Directives	CD/DAPS, Philadelphia
STARS-FL Bookmanager	Financial System/DFAS

Section C: Publications

Title	Sponsor
Briefings on JCAHO (Newsletter)	Opus Communications
Comprehensive Accreditation Manual for Ambulatory Care (CAMAC)	JCAHO
Comprehensive Accreditation Manual for Home Care (CAMHC)	JCAHO
Comprehensive Accreditation Manual for Hospitals (CAMH)	JCAHO
Comprehensive Accreditation Manual for Pathology & Clinical Laboratory Services (CAMPCLS)	JCAHO
Florida's Sterling Award	Florida Sterling Council/Governor FL
Journey to Excellence: Meeting the Challenges of the Future	BUMED
Memory Jogger Plus	Brassard, Michael
Standards of Practice and Code of Ethics	AAACN

Appendix C: Performance Indicators

A sample tally sheet and rating scale.

Performance Indicators Tally Sheet

	ESC	Management	Clinical/Support	TOTAL
External Customer Service				
Leadership				
Strategic Plan & PI/TQ Process				
Utilization Management				
Risk Management				
Health Promotion				
Budget Process				
Personnel				
Readiness				
Staff Competence				
Training				
Branch Clinic Support and Oversight				
Internal Communications				
Access to External Information				
Equipment and Materiel Management				
Occupational Safety & Health				
Environment of Care				
Special Interest Items				
TOTAL				

Score	Rating Scale
0	No program, project, or mechanism in place or planned.
1	Program or project is in planning. Little deployment within the facility.
2	Program, project, or mechanism deployed. Some evidence of integration within the facility. Developing monitors, measures, or evaluations.
3	Program is operational, effective, and integrated throughout most of the command. Monitors, measures, or evaluations exist, but performance improvement, when appropriate, cannot be demonstrated. Efficiency and alignment with strategic goals must be determined.
4	Program or mechanism is fully deployed and integrated. Monitors, measures, or evaluations demonstrate effectiveness, efficiency, and alignment with strategic goals. Performance improvement, when appropriate, can be proven with data.

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